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(Requestor's Name)

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(City/State/Zip/Phone #)

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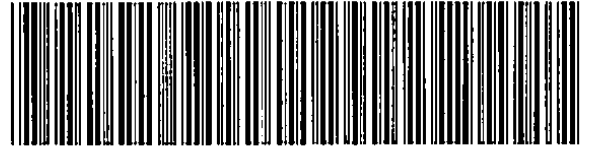
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF OHIO

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SEP 02 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ONE HEART ONE MIND

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Garfield Johnson

Name of Person

One Heart One Mind LLC

Firm/Company

2014 Reston Circle

Address

Royal Palm Beach, Florida 33411

City/State and Zip Code

reg_1646@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Garfield Johnson

561

777-6846

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Garfield Johnson	2014 Reston Circle	<input checked="" type="checkbox"/> Add
		Royal Palm Beach	<input type="checkbox"/> Remove
		Florida 33411	<input type="checkbox"/> Change
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 20 2021


Signature of a member or authorized representative

Typed or printed name of signee

Filing Fee: \$25.00