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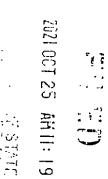
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

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A. BUTLER
NOV 05 2021

COVER LETTER

TO: Registration S Division of Co		•	•
One Hour	West LLC		• • •
30bite1	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Filing Yolanda		
		Name of Person	
	ZenBusiness Inc		
	5511 Parkcrest Dr., Suite	Firm/Company	
		Address	
	Austin, TX 78731		
	fulfillment@zenbusiness.co	City/State and Zip Code om	
		to be used for future annual report not	dication)
For further information	concerning this matter, please co	all:	
Filing Yolanda		at ()	
Name	of Person	Area Code Daytin	ne 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 of Certified Copy (additional copy is enclose

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

One Hour West LLC		2021 OCT 25	## II · 20
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	ny as it now appears on our r	ecords.)	
ne Articles of Organization for this Limited Liability Company orida document number 1.21000420424		<u>(i.i.</u>	F STATE Tand dssigned
is amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	ility company here:		
he new name must be distinguishable and contain the words "Limited Liabii	lity Company "The designation	"LLC" or the abb	reviation "L.L.C."
nter new principal offices address, if applicable:	12319 N. 9th Street	The second second	
Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33612		
nter new mailing address, if applicable:			
New new manning address MAY BE A POST OFFICE BOX)		.,	
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		cords, <u>enter t</u>	he name of the
Name of New Registered Agent:		<u>.</u>	
New Registered Office Address:	Enter Florida street e	oddrass	
	Circ	_, Florida	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent. Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Maurice Andre Perkins	12319 N. 9th Street Tampa, FL 33612	Add
			☐ Remove
			Change
			□ Remove
			Change
			Add
			Remove
			Change
			□ Remove
			Change
			
		Remove	
			Change
			□ Add
			□ Remove
			Change

). If amending any other	nformation, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
	
	
	<u>.</u>
-	
	 -
	
Note: If the date inserted	date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 in this block does not meet the applicable statutory filing requirements, this date will not be listed as on the Department of State's records.
the record specifies a b) The 90th day after	lelayed effective date, but not an effective time, at 12:01 a.m. on the earlier of he record is filed.
Dated	2021
	wen Perkins
	Signature of a member or authorized representative of a member
Marlon Owen	erkins, Member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00