

121000438212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

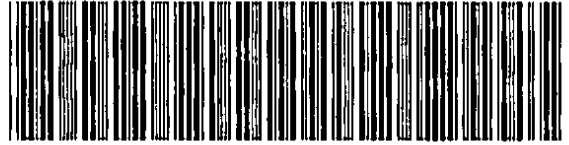
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/18/21--01030--020 **35.00

21 NOV 15 PM 1:26

T. MATTHEWS

DEC - 1 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 NOV -5 AM 8:03

October 28, 2021

ERIC D HARRIS
8530 N SHERMAN CIRCLE A502
MIRAMAR, FL 33025

SUBJECT: 1WAYFLY LLC,
Ref. Number: L21000438212

We have received your document for 1WAYFLY LLC, and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews
OPS

Letter Number: 621A00026324

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1WAYFLY LLC,
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:

ERIC D. HARRIS
Name of Person

Firm/Company

8530 N SHERMAN CIRCLE APT. A502
Address

MIRAMAR, FLA. 33025
City/State and Zip Code

CONTACT@WANDFE.ORG
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIC HARRIS at (800) 603-7877
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

1WAYFLY LLC,

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

21 NOV -5 PM 1:26

The Articles of Organization for this Limited Liability Company were filed on 11/2/2021 and assigned Florida document number L21000438212.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8362 PINES BLVD. SUITE 244
PEMBROKE PINES, FLORIDA
33024

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ERIC D. HARRIS

New Registered Office Address:

8530 N SHERMAN CIRCLE APT. A.

Enter Florida street address

MIRAMAR

City

Florida

33025

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.

Eric D. Harris

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

21 Nov -5 PM 1:26

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DERIC HARRIS	4464 BLACK HILLS DR. NW	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		ACWORTH, GA. 30101	<input type="checkbox"/> Change
MGRM	ELIJAH HARRIS	8530 N SHERMAN CIRCLE APT. A502	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		MIRAMAR, FLA 33025	<input type="checkbox"/> Change
MGRM	ERIC HARRIS	8530 N SHERMAN CIRCLE APT. A502	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		MIRAMAR, FLA. 33025	<input type="checkbox"/> Change
MGR	PAULA ALEXANDER- HARRIS	8530 N SHERMAN CIRCLE APT. A502	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		MIRAMAR, FLA. 33025	<input type="checkbox"/> Change
MGR	LATRIVIA RILEY	8530 N SHERMAN CIRCLE APT. A502	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		MIRAMAR, FLA. 33025	<input type="checkbox"/> Change
MGR	TRENEICE RILEY	8530 N SHERMAN CIRCLE APT. A502	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		MIRAMAR, FLA. 33025	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

21 FEB -5 PM 1:26

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 11/2/ 2021

Eric D. Harris

Signature of a member or authorized representative of a member

ERIC D. HARRIS

Typed or printed name of signee