## L21 000 H89 452

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

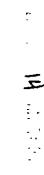
Office Use Only

A. RIVERS SEP 19 2023



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## **COVER LETTER**

TO: Registration Section Division of Corporations

1 on 1 PT, LLC

SUBJECT:				
	Name of Lim	ited Liability Company		
This analogod Articles (al	Amendment and fee(s) are sub	unitted for filing		
The eneroscu Afficies of	Amendment and rec(s) are sno	united for timig.		
Please return all correspo	ondence concerning this matter	to the following:		
	Adam Gist			
		Name of Person		
	Lon LPT, LLC			
		Firm/Company	<del></del>	
	5437 Southlake Dr.			
	Address			
	Pace, FL 32571			
	gist.adam@gmail.com	City/State and Zip Code		
	E-mail address: (	to be used for future annual report not	ification)	
For further information of	concerning this matter, please c	all:		
Adam Gist		870 307-2122		
		at () Area Code Daytin		
Name c	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he following amount:			
<b>■</b> \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60,00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>radditional copy is enclosed)</li> </ul>	

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



Lon LPT, LLC

(Name of the Limited Liability Company as it now appears on our re (A Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company were filed on 11/15/2021  Florida document number 1.21000489452	
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)	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, <u>en</u> agent and/or the new registered office address here:	ter the name of the new regist
Name of New Registered Agent:	<u>.</u>
	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	dress
New Registered Office Address:  Enter Florida street add	dress

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 amending anthorized 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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Change
			□Add
			□Remove
		<del>-</del>	□Change
			□Add
			□Remove
			□Change

Effec	tive date, if other than the date of filing: (optional)
Note	tive date, if other than the date of filing:
he reco	rd 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 filed.
Date	- Higust 9 2023
	Signature of a member or authorized representative of a member
	Adam Gist

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