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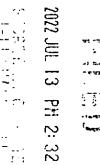
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| Certified Copies            | Certificate     | s of Status      |
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| Special Instructions to Fil | ing Officer:    | 1                |
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## **COVER LETTER**

| TO: Registration Section Division of Corporations           |  | 4  |         |
|---|--|--|---------|
|   | -500 1 1 C   |  |         |
| SUBJECT: One Stol So  |  | _  |         |
| Name of Lin   | nited Liability Company  |  |         |
| The enclosed Articles of Amendment and fee(s) are sub-      | omitted for filing.  |  |         |
| Please return all correspondence concerning this matter     | to the following:  |  |         |
| Justin  | C. Phipps  | _  |         |
| one Stol  | Source LLC   |  |         |
|   | Firm/Company   |  |         |
| 1047 Doug   | las Ave  |  |         |
| -   | 7 1ddi 65,1  |  | ~       |
| Duned,  | City/State and Zip Code  |  | 022 J   |
|   |  | - PT   | JUL 13  |
| E-mail address:   | 1809mail. Com (to be used for future annual report notification) | - 1  |         |
| For further information concerning this matter, please of   | •  |  | P       |
|   |  | · · · · · · · · · · · · · · · · · · ·            | 2: 3    |
| Justin Mills  | at (727) 265-0066  | 171  | ~~~     |
| Name of Person  | Area Code Daytime Telephone Numb                                 | per  |         |
|   |  |  |         |
| Enclosed is a check for the following amount:               |  |  |         |
| S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status | (additional copy is enclosed) Certific                           | Filing Fo<br>cate of S<br>ed Copy<br>nal copy is | tatus & |
|   |  | • •  | ·       |
| Mailing Address:  | Street Address:  |  |         |
| Registration Section Division of Corporations               | Registration Section Division of Corporations                    |  |         |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| One Stop   | Source   | LLC.                                 |                            |
|--|--|--------------------------------------|----------------------------|
| (Name of the Limited   | Liability Company as it n<br>Florida Limited Liability ( | ow appears on our records.) Company) | - ξ: - ω                   |
| The Articles of Organization for this Limited Lial   | bility Company were fil                                  | led on <u>05/03/</u>                 | 2022 and assigned          |
| This amendment is submitted to amend the follow  | ving:  |                                      |                            |
| A. If amending name, enter the new name of t   | he limited liability cor                                 | npany here:                          |                            |
| The new name must be distinguishable and contain the work  Enter new principal offices address, if applical  (Principal office address MUST BE A STREET) | ble:   | pany," the designation "LLC" or      | the abbreviation "L.L.C."  |
| Enter new mailing address, if applicable:  |  |                                      |                            |
| (Mailing address MAY BE A POST OFFICE B  | <u>ox</u> )  |                                      |                            |
|  | <del></del>  |                                      |                            |
| B. If amending the registered agent and/or reg<br>agent and/or the new registered office address   |  | on our records, enter the            | name of the new registered |
| Name of New Registered Agent:  | Justin   | c. Phipps                            | <del></del>                |
| New Registered Office Address:   |  |                                      | <del>_</del>               |
|  |  | Enter Florida street address         |                            |
|  |  | . Florid                             | da                         |

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>      | Address                              | Type of Action |
|--------------|------------------|--------------------------------------|----------------|
| <u>AMBR</u>  | Justin C. Phills | 1047 Douglas Ave<br>Denedin FL 34648 | Add            |
|              |                  |                                      | □Remove        |
|              |                  | <del></del>                          |                |
|              | <del></del>      |                                      | □ Add          |
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| Rective date, if other than the date of filing:    O5 /3 / 22   (optional)   |                | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)                                     |
|--|----------------|---|
| ffective date, if other than the date of filing: 05/3/2 (optional) 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.) Pursuam to 605.0207 ofte: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as becuriers's effective date on the Department of State's records.  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 is filed.  Alabel | -              |   |
| Tective date, if other than the date of filing:  | _              |   |
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| signature of a member or authorized representative of a member   | ote:           | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a     |
| Signature of a member or authorized representative of a member   | ecor<br>is fil | d 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 led. |
|  | ted            | 07/12 - 2022  |
|  |                | Signature of a member or authorized representative of a member  |
|  |                |   |

Filing Fee: \$25.00