L22000530845

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COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co				
Uno-Once SUBJECT:	e.1.I.C			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Juanior Montero Tavarez			
		Name of Person	<u> </u>	
	Uno-Once, LLC			
		Firm/Company		
	108 South Main Street.			
	Address			
	Milledgeville, GA 31061			202
		City/State and Zip Code		:: :::
	Jhanior.montero91@gmail			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		to be used for future annual report n	otification)	•••
For further information of	concerning this matter, please c	all:		
Jhanior Montero Tavare	22	404 409-9289 at ()		
Name o	of Person		ime Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	宣 \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing I Certificate of Certified Copy (additional copy i	Status & y
<u>Mailing Addre</u> Registration		Street Address: Registration S	Section	
Division of C		Division of C		
P.O. Boy 633		The Centre of	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Uno-Once, LLC			
(<u>Name of the Limited Liability Compa</u> (A Fiorida Limited)	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Fiorida document number <u>L22000530845</u>	were filed on 11/30/2022	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbrev	iation "L.L.C."	
Enter new principal offices address, if applicable:	108 South Main St. Milledgeville, GA 31061		
(Principal office address MUST BE A STREET ADDRESS)			
		2025	
Enter new mailing address, if applicable:	108 South Main St. Milledgeville, GA 3106	APR 22	
(Mailing address MAY BE A POST OFFICE BOX)			
		<u>}</u>	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of	the new register	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address	· 	
	PARET TOUTION STRUCTURESS		

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

_, Florida ____

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

Title	<u>Name</u>	Address	Type of Action
MGR	Jasmine Montero	3013 MANDOLIN DR KISSIMMEE, FL 34744	□Add
			≣Remove
			□ Change
		···	□Add
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			Change
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D. If amending any other informa					
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E. Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this blo document's effective date on the De	t be specific and cannot be ock does not meet the	applicable statutory f	(option more than 90 days after thing requirements, this	filing.) Pursuant to 605	5.02 0 7 (3)(ed as the
Tube record specifies a delayed effective ecord is filed.	e date, but not an effec	ctive time, at 12:01 a.	m, on the earlier of: (b)	The 90th day afte	r the
Dated	2025				21
	Hanne Hort	or authorized representa			2025 APR 22
//	Signature of a nember of	or authorized representa	tive of a member	• 3	\sim

Typed or printed name of signee