L23000057273

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COVER LETTER

10. 1	Segistration Se Division of Cor	porations	•					
SUBJEC'		ral One LLC	•		4	•		
	Name of Limited Liability Company							
		et in a single experts	A STATE OF THE STA		•			
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.				•	
Please reti	urn all correspo	ondence concerning this matter	to the following:		٠.			
		Richard Siegmeister						
			Name of Person					
		Richard Siegmeister PA	and the second second					
		<u></u>	Firm/Company					
		3850 Birs Road 10th Floor						
			Address			2		
		Miami, FL 33146				(5) (19)	207	
			City/State and Zip Code				23 x	المداعت
		rspa111@att.net		_			2023 HAY -	
		E-mail address: (to be used for future annual repor	t notification)		3 22	8) (HTTL
For furthe	r information c	oncerning this matter, please c	all:		•	igg.	P	
William I. Siegmeister		305 310-837	70		[15] [15]	2: 5		
Name of Person			Area Code Di	aytime Telephor	ie Number	Fil	9	
Enclosed	is a check for th	ne following amount:						
\$30.00 Filing Fee & Certificate of Status			☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed))	\$60.00 Fi Certificat Certified (additional	te of Stat Copy	tus &	
	Mailing Addres Registration S		Street Addree Registration					
Division of Corporations			Division of Corporations					

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

The Articles of Organization for this Limited Liability Company were filed on $\frac{01-/31/2023}{2000}$ ____ and assigned Florida document number 1.23000057273 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: New Registered Office Address: Enter Florida street address

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.

Circ

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

ų,

<u>Title</u>	<u>Name</u>	Address	Type of Action
mgr	Akira Van Egmond	1025 NE 78 Rd Apt#4 Miami.FL 33138	
			≅ Add
			□ Remove
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	04/01/2023	
m effecti <u>ote:</u> If t	date, if other than the date of filing:	
ecord spited.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
ited	4/1/2023	
··•• —		
	11/2/	
	4/1/2023 Signature of a member or authorized representative of a member	

Filing Fee: \$25.00