# 123000235992

| (Requestor's Name)   |
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| (City/State/Zip/Phone #)   |
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| PICK-UP WAIT MAIL  |
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| (Business Entity Name)   |
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| (Document Number)  |
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| Certified Copies Certificates of Status  |
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| Consider the supplier of the Coffice |
| Special Instructions to Filing Officer:  |
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Office Use Only



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## **COVER LETTER**

| TO:     | Registration So<br>Division of Co |  |  |   |
|---------|-----------------------------------|--|--|---|
| SUBJI   | ect: <u>All In (</u>              | ONE GUYS, LLC  |  |   |
|         |                                   |  | nited Liability Company  | <del></del>   |
|         |                                   | Amendment and fee(s) are sub   |  |   |
| Please  | return all correspo               | ondence concerning this matter   | to the following:  |   |
|         |                                   | Corpor   | rate Maintenance Le  | ad  |
|         |                                   | Prod   | essing Department  |   |
|         |                                   |  | Firm Company   |   |
|         |                                   |  | 1450 Vassar St   |   |
|         |                                   |  | Address  | 7p73  |
|         |                                   |  | Reno, NV 89502   |   |
|         |                                   |  | City/State and Zip Code  | $\overline{\omega}$   |
| For fur | ther information c                | E-mail address: (oncerning this matter, please c                                 | to be used for future annual report notifiall:   | fication)   |
|         | Process                           | ing Department   | at 1 800 , 638-2320  |   |
|         | Name o                            | f Person   | <del></del>  | : Telephone Number  |
| Enclos  | ed is a check for th              | ne following amount:   |  |   |
| Ø \$2;  | 5.00 Filing Fee                   | □ \$30.00 Filing Fee &<br>Certificate of Status                                  | □ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed)  | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(addmonal copy is enclosed) |
|         | Registr<br>Divisio<br>P.O. Be     | ING ADDRESS:<br>ation Section<br>in of Corporations<br>ox 6327<br>ssee, FL 32314 | STREET/COURT<br>Registration Section<br>Division of Corpora<br>Clifton Building<br>2661 Executive Cer<br>Tallahassee, FL 32. | n<br>ations<br>nter Circle  |

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ALL IN ONE GUYS   | S, LLC  |
|---|---|
| ( <u>Name of the Limited Liability Company as it n</u><br>(A Florida Limited Liability C  | tow appears on our records.) Company)                     |
| The Articles of Organization for this Limited Liability Company were fil  | led on 05/12/23 and assigned                              |
| Florida document number L23000235992  |   |
| This amendment is submitted to amend the following:   |   |
| A. If amending name, enter the new name of the limited liability con  | npany here:   |
| The new name must be distinguishable and contain the words "Limited Liability Comp  | pany." the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |   |
| (Principal office address MUST BE A STREET ADDRESS)   | -T:   |
|   | · · · · · · · · · · · · · · · · · · ·                     |
|   |   |
| Enter new mailing address, if applicable:   |   |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |
|   |   |
| B. If amending the registered agent and/or registered office ad-<br>registered agent and/or the new registered office address here: | dress on our records, enter the name of the nev           |
| Name of New Registered Agent:   |   |
| New Registered Office Address:  |   |
|   | Enter Florida street address                              |
|   | , Florida   |
| City  | 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.

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

| <u>Title</u> | <u>Name</u> | <u>Address</u>     | Type of Action    |
|--------------|-------------|--------------------|-------------------|
| MGR          | Adam Ramey  | 3633 Barred Owl Rd | ☑ Add             |
|              |             | Lakeland, FL 33811 | ☐ Remove          |
|              |             |                    | Change            |
|              | <del></del> |                    | Add               |
|              |             |                    | ☐ Remove ☐ Change |
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| locument'          | date, if other than the<br>e date is listed, the date inc<br>he date inserted in this b<br>'s effective date on the E | Department of S                       | State's records. | asie statutory im    | ig requirements, tr | us date will not be h | sted as              |
| e record<br>The 90 | d specifies a delaye<br>th day after the rec  | d effective o<br>ord is filed.        | iate, but not    | an effective         | time, at 12:01      | a.m. on the ear       | lier of              |
| Dated              | June 6  | <u> </u>                              | 2023             | <u> </u>             |                     |                       |                      |
|                    |   |                                       | Rank Ligar       | ~                    |                     |                       |                      |
|                    |   | Signature of a r                      | member or author | rized representative | of a member         | <del></del>           |                      |
|                    |   |                                       |                  |                      |                     |                       |                      |

Page 3 of 3

Filing Fee: \$25.00

## **COVER LETTER**

| TO:           | Registration S<br>Division of Co |  |  |  |                     |          |
|---------------|----------------------------------|--|--|--|---------------------|----------|
| SUBJI         | ect: <u>All IN (</u>             | ONE GUYS, LLC  |  |  |                     |          |
|               |                                  | Name of Lin  | nited Liability Company  | <u> </u>   |                     |          |
| The en        | closed Articles of               | Amendment and fee(s) are sub   | omitted for filing.  |  |                     |          |
| Please        | return all correspo              | ondence concerning this matter   | to the following:  |  |                     |          |
|               |                                  | Corpor   | rate Maintenance Le  | ad   |                     |          |
|               |                                  | <u> </u>   | Name of Person   |  | _                   |          |
|               |                                  | Prod   | essing Department  |  | <b>(1)</b>          | 26       |
|               |                                  |  | Firm <sup>2</sup> Company  |  | \<br>-2-5           | اب 3را   |
|               |                                  |  | 1450 Vassar St   |  |                     | 13       |
|               |                                  |  | Address  |  | - ·: ·              |          |
|               |                                  |  | Reno, NV 89502   |  |                     | .:       |
|               |                                  | <del></del>  | City/State and Zip Code  |  | -                   | بر<br>دن |
|               |                                  | F-mail address: (  | to be used for future annual report note   | 6  |                     | ·        |
| For fur       | ther information e               | oncerning this matter, please c  | ·  | incantotty   |                     |          |
|               |                                  |  |  |  |                     |          |
| _             |                                  | ing Department   | at ( 800 ) 638-2320  |  |                     | _        |
|               | ivanic o                         | T F CINON  | Area Code Daytime  | e Telephone Numbe                                    | r                   |          |
| Enclose       | ed is a check for th             | ne following amount:   |  |  |                     |          |
| <b>⊡</b> \$25 | 5.00 Filing Fee                  | ☐ \$30.00 Filing Fee &<br>Certificate of Status                                    | □ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed)                            | □ \$60,00 F<br>Certified<br>Certified<br>(additional | ite of St<br>I Copy | atus &   |
|               | Registr<br>Divisio<br>P.O. Bo    | ING ADDRESS:<br>ation Section<br>on of Corporations<br>ox 6327<br>issee, F1, 32314 | STREET/COURI<br>Registration Section<br>Division of Corport<br>Clifton Building<br>2661 Executive Ce | n<br>ations  |                     |          |

Tallahassee, FL 32301

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ALL IN ONE   |  |   |
|--|--|---|
| ( <u>Name of the Limited Liability Compar</u><br>(A Florida Limited L  | y as it now appears on our records.) iability Company) | <del></del>                                   |
| The Articles of Organization for this Limited Liability Company  | were filed on 05/12/23                                 | and assigned                                  |
| Iorida document number L23000235992  |  | <u>_</u>                                      |
| his amendment is submitted to amend the following:   |  |   |
| A. If amending name, enter the new name of the limited liabi   | lity company here:                                     |   |
| he new name must be distinguishable and contain the words "Limited Liabili   | ty Company," the designation "LLC" or the              | ne abbreviation "L.L.C."                      |
| Enter new principal offices address, if applicable:  |  |   |
| Principal office address MUST BE A STREET ADDRESS)   |  |   |
|  |  |   |
|  |  |   |
| Enter new mailing address, if applicable:  |  | <u>, (                                   </u> |
| Mailing address MAY BE A POST OFFICE BOX)  |  |   |
|  |  | <del></del>                                   |
| 3. If amending the registered agent and/or registered off egistered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address: | fice address on our records. en                        | ter the name of the                           |
|  | , Florida  |   |
|  | Cin  | 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.

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

| <u>Title</u> | <u>Name</u> | Address            | Type of Action |
|--------------|-------------|--------------------|----------------|
| MGR_         | Adam Ramey  | 3633 Barred Owl Rd |                |
|              |             | Lakeland, FL 33811 | Remove         |
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| Note: If t          | date, if other than the<br>ve date is listed, the date make the<br>he date inserted in this less of the | block does not n                 | realmor be prior to<br>neet the applicab | date of filing or more<br>le statutory filing r | than 90 days after<br>equirements, this | filing.) Pur  | suant to 605.0207<br>not be listed as |
| ne recore<br>The 90 | d specifies a delaye<br>Ith day after the re  | ed effective d<br>cord is filed. | ate, but not                             | an effective tim                                | e, at 12:01 a                           | a.m. on t     | the earlier of                        |
| Dated               | June 6  | ,                                | 2023                                     | . •   |   |               |                                       |
|                     |   | n.                               | Red Lin                                  |   |   |               |                                       |
|                     |   | Signature of a r                 | nember or author                         | ced representative of                           | a member                                |               |                                       |
|                     |   |                                  |  |   |   |               |                                       |

Page 3 of 3

Filing Fee: \$25.00