## L2400082646

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(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
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## **COVER LETTER**

	Registration Sec Division of Corp			
SUBJEC	TET.	AQUATIC SAFETY, LLC		
SUBJEC	1:		ited Liability Company	
The enclo	sed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspon	dence concerning this matter	to the following:	
		MAYKEL RODRIGUEZ		
			Name of Person	
		ONE STOP HOLDING, L	LC	
			Firm/Company	
		1835 E HALLANDALE E	BEACH BLVD	
			Address	
		HALLANDALE, FL. 3300	09	
			City/State and Zip Code	
		MRODRIGUEZ@1STOPP		
		E-mail address: (i	to be used for future annual report noti	fication)
For furthe	er information con	ncerning this matter, please ca	all:	
MAYKE	L RODRIGUEZ		305 4015048	
	Name of I	Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for the	following amount:		
<b>■</b> \$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONE STOP HOLDING, LLC		
( <u>Name of the Limite</u>	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
	ability Company were filed on FEBRUARY 15.2024	and assigned
lorida document number L24000082646	·	
his amendment is submitted to amend the follo	wing:	
. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE I	<u></u>	
B. If amending the registered agent and/or reagent and/or the new registered office addres	egistered office address on our records, <u>enter the nan</u> s here:	<u>ie of the new regis</u>
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>	Address	Type of Action
MGR	TODD STEVEN NOESSER	1835 E HALLANDALE BEACH BLVD, STE 886	<b>≣</b> Add
		HALLANDALE, FLORIDA, 33009	□Remove
			Change
	4		□Add
			□Remove
			□Change
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ective date, if other than the done effective date is listed, the date must be the lift this block tument's effective date on the Dep	e specific and cannot be prior k does not meet the applic	to date of filing or more able statutory filing re	than 90 days after filing.) Pur	suant to 605.020 not be listed a
cord specifies a delayed effective of sfiled.	late, but not an effective ti	me, at 12:01 a.m. on t	he earlier of: (b) The 90	th day after the
ed	2024	·		
ea				