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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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(Document Number)				
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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: AS C	ne Investment	LGOUD 11C		
SUBJECT: TIVE	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Kevin W	Name of Person		
	As One Fave	Stment Group UL		
	1317 Edgeni	uter Dr #281		
	Orlando I	Florida 32804 City/State and Zip Code		
		Entatouple annual eport not	· Com	
For further information c	oncerning this matter, please c	all:		
		at () Area Code Daytin		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
\$\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)	
Mailing Address:		Street Address:	vition	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

As one Investment	60UP LC
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability OF	Company were filed on \(\frac{1}{\lambda} \) \(\frac{2}{\lambda} \) and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	RESS)
Enter new mailing address, if applicable:	777
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the name of the new registered
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 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	AJ Wyatt		
			Remove
			□Change
MGR	Abdul Wygtt		<u> </u>
			Remove
			Change
			Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Add
			□Remove
			□Chanve

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the 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 record is filed. Signature of a member or authorized representative of a member

Typed or printed name of signee