# 124000381282

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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

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TO:	<b>Registration Section</b>
	<b>Division of Corporations</b>

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1 Squared, LLC SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Luis Melendez

Name of Person

Firm/Company

3195 Cedar Bay Dr

Address

Melbourne, FL 32934

City/State and Zip Code

support@lsquared.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

■ \$25.00 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: 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

1 Squared, LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	iv Company as it now appears on our reconciliation of the company)	<u>ords.</u> )
The Articles of Organization for this Limited Liability C Florida document number <u>1.24000381282</u>	ompany were filed on <u>August 30, 202</u>	4 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limi</u>	ited liability company here:	
1Squared, LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	<u>(ESS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		, ,
(Muting matrices MAT BEAT 1051 OF THE BOAT		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>en</u>	ter the name of the new register
		3
Name of New Registered Agent:		ే ఎ 
New Registered Office Address:	Emer Florida street ad	dress
	 	Florida
	x 174	

### New Registered Agent's Signature, if changing Registered Agent:

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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. Thereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	<u>Type of Action</u>
MGR	LORENA GOMEZ GARZON	3195 (EDAD. BAY DO	<b>K</b> ∧dd
		MELBOURNE, FL 32934	🗆 Remove
			🗆 Change
			🗆 Add
			□Remove
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			🗆 Remove
		·	⊡Change
			🗆 Add
			🗆 Remove
			□ Change

### D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I am amending the business name to remove the space currently listed in the records. The correct business

name should be 'TSquared, LLC' (without a space between 'T' and 'Squared'). This amendment is to ensure

consistency in the business name across all official records and documentation.

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.

Dated 11 AUST	2024	
- unin	Signature of a member or authorized epresentative of a member	
-		

Luis Miguel Melendez

Typed or printed name of signee