## 124000504076

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243

•	210000160: \$ 25.00 
1- Degree LLC	Business
#Document	
Walk in	Will wait
Certified Copies of the Articles of I Certificate of Status	ncorporation
<u>NEW FILINGS</u>	<u>AMENDMENTS</u>
Profit	_X Amendment
Not for Profit	Resignation of R.A.
LLC	Change of Registered Agent
Domestication	Dissolution/Withdrawal
INC	Conversion
CORP	Statement of Authority
OTHER	Merger
	Amended and Restated Articles
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Annual Report	Foreign Filing
<u> </u>	Partnership
Fictitious Name	Reinstatement
	CORRECTION for a LLC
_ Statement of Authority	
•	Domestication of a Foreign Corp.
APOSTIL	
COUNTRY	Other
EVAMINED'S INITIALS.	

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243

Please use funds from the account	<u>120210000160: \$ 25.00</u>
Authorization Signature	for Full
1- Degree LLC	Business
#Document	
Walk in	Will wait
Certified Copies of the Article Certificate of Status	es of Incorporation
NEW FILINGS	<u>AMENDMENTS</u>
Profit	_X_ Amendment
Not for Profit	Resignation of R.A.
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	Partnership
Fictitious Name	Reinstatement
	CORRECTION for a LLC
Statement of Authority	
	Domestication of a Foreign Corp.
APOSTILCOUNTRY	Other
EXAMINER'S INITIALS:	

## **COVER LETTER**

то:				
SHRIF				
SOBJE	C1	Name of Lim	ited Liability Company	
		•	_	
	·	George Hatziyianis		
			Name of Person	<del>-</del>
		1-Degree LLC		
			Firm/Company	
Division of Corporations  1 - Degree LLC  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:    George Hatziyianis				
			Address	<del></del>
		Cape Coral, FL 33991		
		obatzivianis@omail.com	City/State and Zip Code	<del></del>
			to be used for future annual report notif	ication)
For furth	ner information co	oncerning this matter, please c	all:	
George	Hatziyianis		•	
	Name of	Person	Area Code Daytimo	Telephone Number
Enclosed	d is a check for th	e following amount:		
<b>■ \$</b> 25	.00 Filing Fee		Certified Copy	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	s:	Street Address:	

Registration Section 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

ARTICLES OF ORGANIZATION

OF

2024 DEC 10 PM 1: 51

(A Florida Limited Liability Company)

1-Degree LLC		The Physical
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records pility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number 1.24000504076	ere filed on 12/3/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and contain the words "Limited 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 ADDRESS)		
-		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
_	<u> </u>	
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	iress on our records, <u>enter t</u>	he name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flo	rida

## 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.

City

Zip Code

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	George Hatziyianis	914 SW 11th Court	<b>=</b> Add
		Cape Coral, FL 33991	□Remove
			□Change
			□Add
			□Remove
			Change
	<del></del>		
			□ Remove
			□Change
			□ Add
	Cape Coral, FJ, 33991	Remove	
			□Change
			□Add
			Remove
			□ Change
	<del></del>		□Add
	<del></del>	□Remove	
			Channe

Fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  Ste: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records.  Second 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 is filed.  Second 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 is filed.  Separate of a member of authorized representative of a member	-		· · · · · · · · · · · · · · · · · · ·			
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