P96000045183

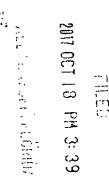
(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
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(Business Entity Name)			
(Document Number)			
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10/18/17--01016--018 **35.00



C. GOLDEN OCT 1 9 2017,

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: One	Largo Team	Thc.
DOCUMENT NUMBE	r: <u>P96</u>	000045183	Tac.
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
_	Raid	la Asfair	
		Name of Contact Perso	n
_		Firm/ Company	
_	50a	Lakewica Address	\mathcal{D}_{r} .
	\bigcirc	dsmar, FL	34677
_	<u> </u>	City/ State and Zip Cod	e
For further information c	E-mail address: (to be us	sed for future annual report	notification)
Raida	Asfour	at (727	871-6470 ode & Daytime Telephone Number
Name of	Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Dep.	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ameno Divisio P.O. B	ng Address Iment Section on of Corporations ox 6327 assee, FL 32314	Ameno Divisio Cliftor	Address dment Section on of Corporations n Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

		_	
5			

	Articles of Incorporation	FILEL
	of	2017 OCT 18 PM 3: 39
<u> </u>		
(Name of Corp	oration as currently filed with the Flori	da Dept. of State)
pa	16000045183	ACL HIM CONTECTED IN
(E	Document Number of Corporation (if know	m)
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Florida Statutes, this Florida Profit Corpor	vation adopts the following amendment(s) to
A. If amending name, enter the new name of	the corporation:	
		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," of	'Corp," "Inc," or "Co". A professional	'incorporated" or the abbreviation
B. Enter new principal office address, if appli (Principal office address <u>MUST BE A STREET</u>		
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFIC</u>	<u>E BOX</u>)	
D. If amending the registered agent and/or renew registered agent and/or the new registered.		the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		Florida
New Negistered Office Mauress.	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag		ligations of the position
Thereo, accept the appointment as registered ag	от тапуатта чап ана ассерство от	againous of the position.
	Signature of New Registered Agent, if che	unging

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

7

Example: X_Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) 🙏 Change	P	<u> Raida Asfour</u>	502 latewood Dr
Add			502 Latewood Dr Oldsmar Fl 3467
Remove			·
2) Change		_	<u>-</u> -
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
3) Change		_	
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	10/16/17	, if other than the
date this document was signed.	10 (10)	, it office than the
Effective date if applicable:	10/16/17	
	more than 90 days after amendment file o	late)
Note: If the date inserted in this block does not med document's effective date on the Department of State's		nents, this date will not be listed as the
Adoption of Amendment(s) (CHECK	ONE)	
The amendment(s) was/were adopted by the shareh by the shareholders was/were sufficient for approve	olders. The number of votes cast for the al.	amendment(s)
☐ The amendment(s) was/were approved by the share must be separately provided for each voting group		
"The number of votes cast for the amendment	t(s) was/were sufficient for approval	
by		
(voting gr	оир)	
☐ The amendment(s) was/were adopted by the board action was not required.	of directors without shareholder action a	nd shareholder
The amendment(s) was/were adopted by the incorp action was not required.	orators without shareholder action and sl	nareholder
Dated 10 16 17	<u> </u>	
Signature		
(By a director, president o	or other officer - if directors or officers h	
	tor – if in the hands of a receiver, trustee,	or other court
appointed fiduciary by the	In Seef A.	bed Abdel-Razal
Typeo	d or printed name of person signing)	_
	VICE Preseden	
	(Title of person signing)	