Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000045145 3)))



H250000451453ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : DARLIN ESPINOSA Account Number : I20250000022

Phone

: (305)772-5860

Fax Number

: (305)912-0420

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		
-------	----------	--	--

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **OLAS ONE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

K. SALY

FEB - 6 2025

Electronic Filing Menu

Corporate Filing Menu

Help

Cocusign Envelope (D: FD45608E-D2DA-46F0-B220-8478DF4E7185 CUVER LETTER

TO:	Registration S Division of Co.	ection rporations		
SUBJE	CT:	OL.	AS ONE LLC	
			nited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
		ondence concerning this matter		
		ALFONSO JALLER CAI	BALLERO	
			Name of Person	
			Firm/Company	
		1007 NORTH FEDERAL	HIGHWAY SUITE 90	
			Address	
		FORT LAUDERDALE, F	L 33304	
			City/State and Zip Code	
P== E4	h:		to be used for future annual report notif	ication)
		oncerning this matter, please c	ail:	
ALFO?	SO JALLER CA		786 238-2789 at()	
	Nаше о	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	e following amount:		
≡ \$25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S		Street Address: Registration Sec	tion

Mailing 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

Documign Envelope ID: FD45608E-D2DA-46F0-B220-8478DF4E7185

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	OLAC ONELLO		$\mathcal{F}\mathcal{L}\partial_{R}$
(Name of the Limited	OLAS ONE LLC		
(A	Liability Company as it now appears Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liab	iline Commone Classes	01/14/2025	
	inty Company were filed on	01,1-92025	and assigned
Florida document number L25000025489	·		
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	e limited liability company her	<u>re</u> :	
he new name must be distinguishable and contain the word	s "Limited Liability Company," the de	signation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicabl			
Principal office address MUST BE A STREET A	(DDRECC)		·
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BO	X)		
			···········
			
3. If amending the registered agent and/or regi	stered office address on our re-	cords, enter the name	of the new regists
gent and/or the new registered office address h	ere:	OTTO BIT MALLE	Of the new registe
Name of New Registered Agent:			
Now Province of Office Addition			· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florid	la street address	
	2010 1 101 10	m nn c'it (main 633	
-	City	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.

Docusion Envelope ID: FD46608E-D2DA-46FD-B220-8478DF4E7185
At amending Authorized rersouts) 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>	Name	Address	Type of Action
MGR	JC GODIN LLC	1007 NORTH FEDERAL HIGHWAY	DAdd
		SUITE 90	≅Remove
		FORT LAUDERDALF, FL 33304	⊒Change
MGR	JCD DEL, LLC	1007 NORTH FEDERAL HIGHWAY	■Add
		SUITE 90	□ Remove
		FORT LAUDERDALE, FL 33304	
			□ Add
			Remove
			For Othenge T
			等 是 6
			□ Rem cre ☐ Change
		-	
			□Remove
			© Change
			🗀 Add
			□Remove
			□ Change

Decusion Envelope IC: FD46608E-D2DA-46F0-8220-8478DF4E7185

······································			6
			- 10 5
		·	S 8
			
			
			•
			
			·-
			
		· · · · · · · · · · · · · · · · · · ·	
ctive date, if other than the date of effective date is listed, the date must be specified in this block document's effective date on the Department.	cific and cannot be prior to date as not meet the applicable st	of filing or more than 90 days a	otional) fter filing.) Pursuant to 605.0 this date will not be listed
ord specifies a delayed effective date, ' filed	out not an effective time, at	12:01 a.m. on the earlier of:	(b) The 90th day after t
JANUARY 27th	2025		
и	Signed by:	ller Caballero	
	M	H. O.L.H.	
	nigotio va	cus Cagalleso	

Filing Fee: \$25.00