

L080000113157

Florida Department of State
Division of Corporations
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To: Division of Corporations
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2020 AUG 31 10:50 AM

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

Email Address: hteichman@ola.law.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ONE NET ENTERPRISES, LLC

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August 28, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ONE NET ENTERPRISES, LLC
P.O. BOX 1729
TAMPA, FL 33601

SUBJECT: ONE NET ENTERPRISES, LLC
REF: L08000113157

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name on the cover page is different than the name on the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

FAX Aud. #: H20000298415
Letter Number: 620A00016575

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: One Net Enterprises, 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:

Harry Teichman
Name of Person

Older Lundy
Firm/Company

1000 West Cass
Address

Tampa, FL 33606
City/State and Zip Code

jason@onello.biz
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Harry Teichman at (813) 2548-998
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 (additional copy is enclosed)

Mailing Address:
 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

One Net Enterprises, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/10/2008 and assigned Florida document number L08000113157

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability 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)

Handwritten address: 2020 AUG 31 A.D. 05

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Handwritten address: A.D. 05

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
AMBR/S	One Holdings, LLC	1433 Massaro Blvd.	<input checked="" type="checkbox"/> Add
<i>Sole member</i>		Tampa, FL 33619	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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