

L17000095351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

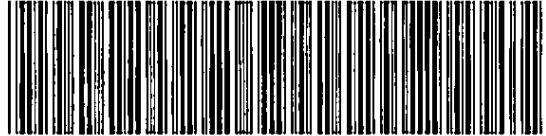
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

talk to Maryur, name is  
1 Plus Management Services  
4/13/13

Office Use Only



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04/06/18--01029--010 \*\*30.00

FILED  
18 APR 13 AM 4:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

O SIMMONS

APR 13 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 9, 2018

MARYURI RENDON  
7900 NW 3RD ST  
BLDG 14, APT 101  
PEMBROKE PINES, FL 33024

SUBJECT: RENDON PROPERTY MANAGEMENT LLC.  
Ref. Number: L17000095351

We have received your document for RENDON PROPERTY MANAGEMENT LLC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please write clearly what name company is to be changed to.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 418A00007097

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Rendon Property Management 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:

Maryuri Rendon  
Name of Person

Rendon Property Management LLC.  
Firm/Company

7900 NW 3<sup>rd</sup> Street bldg. 14 Apt. 101  
Address

Pembroke Pines, FL. 33024  
City/State and Zip Code

mrendon0076@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maryuri Rendon at (954) 865-1200  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Rendon Property Management 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 05-01-2017 and assigned  
Florida document number C 17 000095351

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

1 Plus Management Services LLC.

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)

N/A

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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TALLAHASSEE, FLORIDA

**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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

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.*

**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>
		N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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APR 13 AM 11:29  
SECURITY DIVISION  
FBI

18 APR 13 AM 4:20  
SEATTLE  
FLORIDA  
HALLAM

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APR 13 AM 4:29  
18  
SECRET  
TALLAHASSEE, FLORIDA

**Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)  
(If an 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 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 03-30-2018 .           

MARYURI Rendon