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FALLANASSEE FLORIDA



COVER LETTER

Registration Section

TO:

Dívi	ision of Cor	porations		
	Cavallino	Motors Leasing, LLC		
SUBJECT:		Name of Limi	ited Liability Company	
		Amendment and fee(s) are sub-	-	
Please return	all correspo	ndence concerning this matter	to the following:	
		Martin Wiescholek		
			Name of Person	
		ICT Group		
			Firm/Company	
		720 Lucerne Ave #1	01	
			Address	
		Lake Worth, FL 334	60	
		martin@ict-investme	City/State and Zip Code nt.com	cation)
For further in	aformation c	E-mail address: (oncerning this matter, please ca	to be used for future annual report notifiall:	cation)
Martin Wi			305 8677676	CC P
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	ne following amount:		
□ \$25.00 F	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)
	Registr Divisio P.O. Be	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COURII Registration Section Division of Corpora Clifton Building 2661 Executive Cer	n ations

Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

Cavallino Motors Leasing, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company L03000016458	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
ONE Lake Worth, LLC		
he new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8 S. J Street #6	
Principal office address MUST BE A STREET ADDRESS)	Lake Worth, FL 33460	
Enter new mailing address, if applicable:	720 Lucerne Ave #101	
Mailing address MAY BE A POST OFFICE BOX)	Lake Worth, FL 33460	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	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

Authorized Member being added or removed from our records:

MGR = Manager

AMBR = 'Authorized Member <u>Title</u> <u>Name</u> **Address Type of Action** _□ Add □ Remove □ Add □ Remove _ Add □ Remove Romove □ Add □ Remove □ Add □ Remove

tive date, if other than the date of filing: [Coptional] Tective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ate this document is filed by the Florida Department of State) March 19th 2015 Signature of a member of authorized representative of a member	
March 19th 2015	
	(optional) han 90 days after
Signature of a model of a support of a momber	
Signature of a marile or outhorized corresponds in a of a mamber	
Signature of a market state of	

Page 3 of 3

Filing Fee: \$25.00

