

L03000053372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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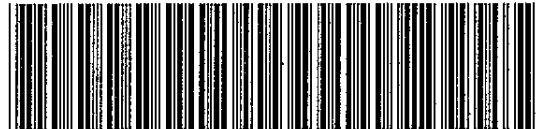
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TWO TO ONE, L.L.C.  
(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:

Howard P. Slomka  
(Name of Person)

Olympia Development Group, Inc.  
(Firm/Company)

2414 Dallas Highway, Suite 301  
(Address)

Marietta, GA 30064  
(City/State and Zip Code)

For further information concerning this matter, please call:

Howard P. Slomka at ( 770 ) 590-3115  
(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)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

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

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TALLAHASSEE, FLORIDA

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

TWO TO ONE, L.L.C.

(Present Name)  
(A Florida Limited Liability Company)

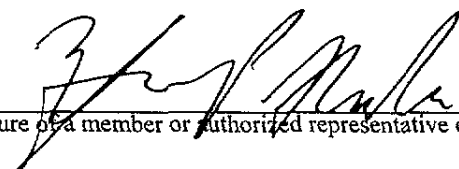
**FIRST:** The Articles of Organization were filed on 12/16/2003 and assigned document number L03000053372.

**SECOND:** The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:

The Manager Shall be: William E. Touloumis  
Address: 1060 Keene Road  
Dunedin, Florida 34698

The Principal Office with the Company Shall be:  
1060 Keene Road  
Dunedin, Florida 34698

Dated February 16, 2005.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Howard P. Slomka  
\_\_\_\_\_  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**Filing Fee: \$25.00**