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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2000 SEP 25 PH 1: 21

cd. 9-26

COVER LETTER

TO:	Registration So Division of Co		-	
SUBJ	FCT·	ONE INVI	ESTMENTS LLC	
0020		(Name of Lim	ited Liability Company)	······································
The en	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
-			Michael Ortiz, ESQ.	
		•	(Name of Person)	
			Michael Ortiz, P.A.	
			(Firm/Company)	
		2121	Ponce de Leon Blvd. Suite #330	
•			(Address)	•
			Coral Gables, FL 33134	
· · · · · · · · · · · · · · · · · · ·			(City/State and Zip Code)	
For fu	rther information o	concerning this matter, please c	all:	
,	8.diaha		. 205 . 476 5270	
		nel Ortiz of Person)	at (305) 476-5270 (Area Code & Daytime	Telephone Number)
Enclos	sed is a check for t	he following amount:		
	5.00 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		ration Section on of Corporations ox 6327	STREET/COURIED Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2000 SEP 25 PM 1: 29

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(Name of the Limited) (A	ONE INVESTM Liability Compa Florida Limited I		rs on our records.)					
The Articles of Organization for this Limited Liability Company were filed on December 23, 2004 and assigned Florida document number L04 0000 875 74								
This amendment is submitted to amend the follo	wing:							
A. If amending name, enter the new name of	the limited liab	oility company her	<u>e</u> :					
ONE INVESTMENTS LLC								
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ited Liability Compa	ny," the designation "LL	C" or the abbreviation				
Enter new principal offices address, if applica	ble:	2121 Ponce de Leon Blvd. Suite #330						
(Principal office address MUST BE A STREET ADDRESS)		Coral Gables, F	L 33134					
Enter new mailing address, if applicable:		2121 Ponce de Leon Blvd. Suite #330						
(Mailing address MAY BE A POST OFFICE E	<u>80X)</u>	Coral Gables, F	L 33134					
•								
B. If amending the registered agent and/o registered agent and/or the new registered off	ice address her	<u>e</u> :	our records, <u>enter the</u>	name of the new				
Name of New Registered Agent:	Name of New Registered Agent: Michael Ortiz, Esq.							
New Registered Office Address:	2121 Ponce d	le Leon Blvd. Suite	#330					
		(Ei	nter Florida street addr	ess)				
	Coral Gables		, Florida <u>3313</u>	4				
		(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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Matheou, Matheos	940 Lincoln Road Ste #204 Miami Beach, FL 33139	Add Remove
MGR	Charalambous, Pantelakis	940 Lincoln Road Suite #204 Miami Beach. FL 33139	Add Remove
MGR.	Ortiz, Michael	2121 Ponce de Leon Blvd, #330 Coral Gables, FL 33134	Add Remove
· · ·			Add Remove
-			Add Remove
			Add Remove
D. If amer	nding any other information, enter	change(s) here: (Attach additional sheets, if necessa	
- - -			FILE 2008 SEP 25 P SKICRE ARY OF TALLAH ASSEE.
Dated	September 19 ,	2008	PH 1: 29 DF STATE OF LORIDA
	Signature of a n	nember or authorized representative of a member Michael Ortiz	
		Typed or printed name of signee	-

Page 2 of 2

Filing Fee: \$25.00