## L05000034120

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
<u> </u>
PICK-UP WAIT MAIL
•
(Business Entity Name)
(business Entity Name)
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SECRETARY OF STATE
FALLAHASSEE, FIORIA

D. BRUCE

AUG 31 2010

**EXAMINER** 



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 31, 2010

LUCIANO TORRES 24900 SW 149 AVENUE HOMESTEAD, FL 33032

SUBJECT: ONE TWENTY TWO LLC

Ref. Number: L05000034120

We have received your document for ONE TWENTY TWO LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6984.

Deborah Bruce Regulatory Specialist II Letter Number: 110A00020792

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

## **COVER LETTER**

TO:	Registration S Division of Co			****
SUBJ	FCT:	ONE TWI	ENTY TWO LLC	
5000		Name of Limi	ted Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
			LUCIANO TORRES	
			Name of Person	
			Firm/Company	
24900 SW 149 AVENUE				
•			Address	f
. HO		НС	DMESTEAD, FL. 33032	SEE SEE
			City/State and Zip Code	SEP 10 1 CRETARY L LAHASSEE
		E-mail address: (	orres08@bellsouth.net to be used for future annual report notification)	I IO
For fu	rther information	concerning this matter, please of	all:	PH 3: 16 YOF STATE EE. FLORIDA
			at ( )	TATE ORGE
	Name	of Person	Area Code & Daytime Telephone Numbe	
Encto	sed is a check for t	the following amount:		
<b> ▼</b> \$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ite of Status &
		JNG ADDRESS:	STREET/COURIER ADDRESS: Registration Section	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT , , , , TO ARTICLES OF ORGANIZATION OF

	TWENTY TWO LLC		
( <u>Name of the Limited Liai</u> (A Flo	bility Company as it now appea rida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liabil  Florida document number		April 07, 2005	and assigned
This amendment is submitted to amend the following	ıg:		
A. If amending name, enter the new name of the	limited liability company her	<u>re</u> :	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Compa	any," the designation "LI	C" or the abbreviation
Enter new principal offices address, if applicable	*		
(Principal office address MUST BE A STREET A	DDRESS)		<del></del>
• .			O SEP I
Enter new mailing address, if applicable:	<u></u>		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	-	
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:		·	
New Registered Office Address:			
	Enter Florida street address		
_	, Florida		
	City		Zip Code
New Registered Agent's Signature, if changing Regis	stered Agent:		
I hereby accept the appointment as registered ag the provisions of all statutes relative to the prope accept the obligations of my position as registere being filed to merely reflect a change in the regis- company has been notified in writing of this change	er and complete performance ed agent as provided for in <del>C</del> stered office ad <del>dress</del> , I hereb	of my duties, and I an hapter 608, F.S. Or, i	n familiar with and This document is

Page 1 of 2

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member						
<u>Title</u>	Name	Address	Type of Action			
MGR	LUCIANO TORRES	24900 SW 149 AVENUE HOMESTEAD, FL 33032	Add Remove			
MGRM	MERCEDES CRESPO	24900 SW 149 AVENUE HOMESTEAD, FL 33032	Add Remove			
			Add Remove			
			Add Remove			
•			□Add □Remove			
			Add Remove			
D. If amend	ling any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)	_			
-						
Dated	9/10	2010 M				
	RON	iber of authorized representative of a member				
	Ту	ped of printed name of signee Page 2 of 2				

Filing Fee: \$25.00