LU7 0000 58359

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : KOEPPEL LAW GROUP, P.A.

Account Number : I20070000064 Phone : (561)659-6455

Fax Number : (561)659-7006

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KASLE RESTAURANT GROUP, LLC

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

	KASLE RESTAURANT GROUP,	
(Name of the Li	nited Linbility Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited	Liability Company were filed on	and assigned
Florida document number L07000058359	-,	
This amendment is submitted to amend the fo	Howing:	
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :
ONE TA	CO GROUP, LLC	
The new name must be distinguishable and contain the	words "Limited Liability Company," the de-	signation "LLC" or the abbrevlation "L.L.C."
Enter new principal offices address, if appl	icable;	音 粉 二
(Principal office address MUST BE A STRE	ET ADDRESS)	328
		N .
	,	S &
Enter new mailing address, if applicable:		F. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
(Mailing address MAY BE A POST OFFICE BOX)		[S] 7
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		>-
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	Nor registered office address on office address here:	our records, enter the name of the ne
	1515 N. FLAGLER DR. #1515	
New Registered Office Address:		ia street address
	WEST PALM BEACH	
	City	, Florida ³³⁴⁰¹ Zip Code
New Registered Agent's Signature, if changing	•	Dip Cone
ter registred right sorginuse, a changing		

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

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(((H170003143883)))

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action		
MGR	ROCCO MANGEL	400 CLEMATIS STREET #			
		WEST PALM BEACH, FL 33401	[] Remove		
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D. If amending a	my other inform	ration, outer c	thange(s) her	e: (Attach ai	dditional shee	ts, if necessar	y.)		
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f the record spe b) The 90th da	clfics a delayed y after the rec	l effective da ord is filed.	ate, but not	an effectiv	e time, at 1	2:01 a.m. o	n the ear	lier of:	
Dated	No	vember !3	2017	·					
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Filing Fee: \$25.00