

W08000080837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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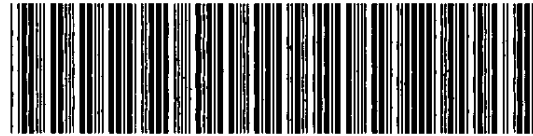
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE

AUG 29 2008

EXAMINER

W08-80837

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ONE BISCAYNE LLC**  
\_\_\_\_\_  
(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:

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 further information concerning this matter, please call:

Michael Ortiz at (305) 476-5270  
(Name of Person) (Area Code & Daytime Telephone Number)

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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)

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

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

ONE BISCAYNE LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 25, 2008 and assigned Florida document number L0800008037.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2121 Ponce De Leon Blvd. Suite #330

**(Principal office address MUST BE A STREET ADDRESS)**

Coral Gables, FL 33134

Enter new mailing address, if applicable:

2121 Ponce De Leon Blvd. Suite #330

**(Mailing address MAY BE A POST OFFICE BOX)**

Coral Gables, FL 33134

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Michael Ortiz Esq.

New Registered Office Address:

2121 Ponce De Leon Blvd. Suite #330

*(Enter Florida street address)*

Coral Gables, Florida 33134

*(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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Matheos, Matheo	239 NW 26 Street Miami, FL 33127	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Ortiz, Michael	2121 Ponce De Leon Blvd. Suite #330 Coral Gables, FL 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove


D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 2008 AUG 28 PM 12:39

FILED

Dated August 27, 2008

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
Michael Ortiz  
 \_\_\_\_\_  
 Typed or printed name of signee