L08000080949

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
<u></u>	(Document Number)
Certified Copies	Certificates of Status

Special Instructions to Filing Officer:

L. SELLERS

JUL 2 2 2010

EXAMINER

Office Use Only



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07/08/10--01006--005 **55.00

SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: One And Only 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:
Christina Senel
One And Only, UC
561 NW 39 Circle
Boca Rater FL 33431 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christina Servel at (SU) 504-6039 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy - (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)} \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{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



July 9, 2010

CHRISTINA SEMEL 561 NW 39 CIRCLE BOCA RATON, FL 33431

SUBJECT: ONE AND ONLY, LLC Ref. Number: L08000080949

We have received your document for ONE AND ONLY, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 610A00016788

ARTICLES OF AMENDMENT TO -ARTICLES OF ORGANIZATION OF

One And	Or	14.	UC	٠				
(Name of the Limited Liability (A Florida L	Company Limited Liab	as it now appointed the second	oears on ou ly)	r records.)				
The Articles of Organization for this Limited Liability Company were filed on					and assigned			
Florida document number LO8000 80	<u>)</u> 94°	1						
This amendment is submitted to amend the following:								
A. If amending name, enter the new name of the limit	ted liabilit	y company	<u>here</u> :					
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited	Liability Co	mpany," the	designation "	'LLC" o	r the at	breviation	
Enter new principal offices address, if applicable:					SEC	E		
(Principal office address MUST BE A STREET ADDRESS)				AF 7	2	11		
	_				SSEE		CECHONICA - CECHONICA	
Enter new mailing address, if applicable:	_				OF ST	AH II:		
(Mailing address MAY BE A POST OFFICE BOX)			·	REF	29	· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registe	ered office	address o	n our rec	ords, enter	the na	me of	the new	
registered agent and/or the new registered office addr				, <u></u>	•			
Name of New Registered Agent:	Chri	stina	<u>5</u>	eme 1				
New Registered Office Address:	561	NW	39	Circl ida street ad	e			
B	oca (2atan		, Florida	dress عراج	131		
	(lity		_,	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 have by 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 **Title** Address Type of Action <u>Name</u> Brett Senel ☐ Add Add Remove Remove 🔲 Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) <u> 2010</u> Signature of a member or authorized representative of a member hristna Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00