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SECRETARY OF STATE
FALLAHASSEE, FILMENT

D. BRUCE
JUL 2 8 2009
EXAMINER

## **COVER LETTER**

TO:	Registration S Division of Co				
C11D 11	ect.	TWO-ONE O	RGANIZATION, LLC		
SUBJI	ECT:		ited Liability Company		
The en	closed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
		William Gerstein Name of Person	<u>, a q , </u>		
			Name of Ferson		
Gerstein & Baret, PL					
Firm/Company					
3007 W Commercial Boulevard, Suite 105					
Address					
Fort Lauderdale, FL 33309-8501				E S	
City/State and Zip Code				<b>₹</b> # 5	
	2 148 88				
For fu	rther information	E-mail address: (	to be used for future annual report noticall:	fication)	27 PH 3: 06 RY OF STATE SEE, FLORID
	187	illiam Gerstein	054	486-9966	
		of Person	at ( 954 )  Area Code & Daytir	ne Telephone Number	
Enclos	sed is a check for	the following amount:			
\$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	ite of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COUR Registration Section Division of Corportion Building 2661 Executive Country	orations Center Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TWO-ONE ORGA	NIZATION,	LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appea liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	04/21/2009	and assigned	
Florida document numberL0900038491				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Comp	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:	9482 MADEWOOD CT			
(Principal office address MUST BE A STREET ADDRESS)	M BEACH FL 334	EACH FL 33411-4409		
Enter new mailing address, if applicable:	new mailing address, if applicable: 9482 MADEWOOD CT			
(Mailing address MAY BE A POST OFFICE BOX)	ROYAL PALM BEACH FL 33411-4409			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, enter t	he name of the new	
	_		Y Y Y Y	
Name of New Registered Agent:			25 Z	
New Registered Office Address:	E	nter Florida street add	rest 9 3 m	
		. Florida	ξς ω D	
	City	, 1 101 104	S. Co.	

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 **Type of Action** <u>Title</u> <u>Name</u> **Address** MGRM De Havillande, Anastasia V 9482 MADEWOOD CT ☐ Add ROYAL PALM BEACH FL 33411-4409 7 Remove FIERS, NADIA N MGRM 9482 MADEWOOD CT ☐ Add ROYAL PALM BEACH FL 33411-4409 7 Remove MGRM De Havillande, Anastasia 9482 MADEWOOD CT ✓ Add ROYAL PALM BEACH FL 33411-4409 Remove Jurca, Nadia Nicoleta MGRM 9482 MADEWOOD CT **✓** Add ROYAL PALM BEACH FL 33411-4409 Remove  $\square$ Add Remove  $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Please add FEIN: 94-3485626 July 20 Dated Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Nadia Nicoleta Jurca
Typed or printed name of signee