

L10000018804

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN  
JUL 21 2010  
EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** That One Place 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:

Lynn Griffin Sr

Name of Person

That One Place LLC

Firm/Company

11525 Brian Lakes Drive

Address

Jacksonville, Florida 32221

City/State and Zip Code

lynngriffinsr@gmail.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Lynn D. Griffin

Name of Person

at ( 904 )

536-1568

Area Code & Daytime Telephone Number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 13, 2010

LYNN GRIFFIN SR  
THAT ONE PLACE LLC  
11525 BRIAN LAKES DRIVE  
JACKSONVILLE, FL 32221

SUBJECT: THAT ONE PLACE LLC  
Ref. Number: L10000018804

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10 JUL 20 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for THAT ONE PLACE 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):

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) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 710A00016990

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

**That One Place 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 2/28/10 and assigned  
Florida document number L10000018804.

This amendment is submitted to amend the following:

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

n/a

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:

n/a

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

Enter new mailing address, if applicable:

n/a

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

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TALLAHASSEE, FLORIDA

**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:**

Johnny Hill

**New Registered Office Address:**

12400 Yellowbluff Road #201

*Enter Florida street address*

Jacksonville

Florida

32221

*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

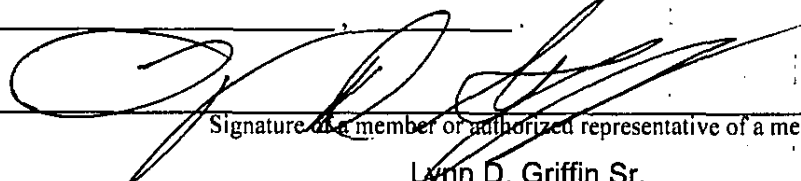
| <u>Title</u> | <u>Name</u>     | <u>Address</u>   | <u>Type of Action</u>  |
|--------------|-----------------|--|--|
| MGRM         | Lynn Griffin Sr | 11525 Brian Lakes Drive<br>Jacksonville, Florida 32221 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                 |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                 |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

FILED  
 10 JUL 20 AM 11:06  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

Lynn D. Griffin Sr.

Typed or printed name of signee