

L11 000056086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

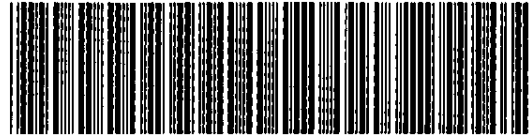
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500211664395

09/06/11--01042--007 **25.00

2011 SEP - 6 MAILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE

SEP - 7 2011

EXAMINER

TOMMY D. PERMENTER, JR.

*ALSO ADMITTED IN SC



BELLWETHER PROFESSIONAL PARK
2201 S.E. 30TH AVENUE, SUITE 202
OCALA, FLORIDA 34471

TELEPHONE
(352) 622-1811

FACSIMILE
(352) 622-1866

EMAIL
TOMMY@PERMENTERLAW.COM

September 2, 2011

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: One Stop Services Management, LLC
Document No.: L11000056086
Our File No.: 11-0052

Ladies and Gentlemen:

Enclosed please find Articles of Amendment to Articles of Organization of One Stop Services Management, LLC for filing.

Also, enclosed is our firm's check in the amount \$25.00 representing the filing fee.

Thank you for your assistance with this matter. If you have any questions, please do not hesitate to contact my office.

THE PERMENTER LAW FIRM, P.A.



Tommy D. Permenter, Jr.

TDP/am
Enclosures

FILED
2011 SEP -6 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: One Stop Services Management, 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:

Tommy D. Permenter, Jr., Esquire

Name of Person

The Permenter Law Firm, P.A.

Firm/Company

2201 S.E. 30th Avenue, Suite 202

Address

Ocala, Florida 34471

City/State and Zip Code

Tommy@Permenterlaw.com

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

For further information concerning this matter, please call:

Tommy D. Permenter, Jr., Esquire

Name of Person

at (352)

622-1811

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 SEP - 6 AM 10:58

FILED

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

One Stop Services Management, 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 May 11, 2011 and assigned
Florida document number L11000056086.

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:

(Principal office address MUST BE A STREET ADDRESS)

510 S.E. Highway 42

Summerfield, Florida 34491

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

510 S.E. Highway 42

Enter Florida street address

Summerfield

Florida

34491

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>
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SEP - 6 10 56
STATE
TALLAHASSEE, FLORIDA

FILED

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

Dated September 2, 2011.

Beth Guilford
Signature of a member or authorized representative of a member

Beth Guilford
Typed or printed name of signee