

L110000 57837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

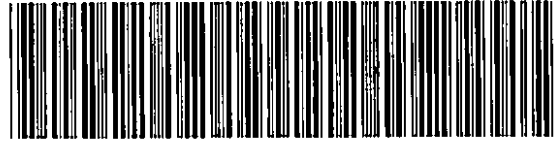
(Business Entity Name)

(Document Number)

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2019 JAN 14 A 11:08  
FILING OFFICE

1/16/19

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: One Miami, 4107 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:

Terry L Krieger  
Name of Person

\_\_\_\_\_  
Firm/Company

7 Chateau Cir Chesterbrook Pa 19087  
Address

\_\_\_\_\_  
City/State and Zip Code

terry.krieger@foxcoach.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Terry Krieger at ( 610 ) 209-0087  
Name of Person 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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

One Miami 4107 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 5/17/2011 and assigned Florida document number L 11 000057837.

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 contain 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)

7 Chateau Circle  
Chesterbrook, Pa 19087

Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

7 Chateau Circle  
Chesterbrook, Pa 19087  
2011 JAN 1 11 11

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: Jerry Borbon Borbon & Associates

New Registered Office Address: 814 Ponce de Leon Blvd  
*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 605, 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.

DocuSigned by:  
Jerry Borbon  
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Terry L Krieger</u>	<u>7 Chateau Circle</u>	<input type="checkbox"/> Add
		<u>Chesterbrook, Pa 19087</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Terry L Krieger</u>	<u>7 Chateau Circle</u>	<input checked="" type="checkbox"/> Add
		<u>Chesterbrook, Pa 19087</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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ADD

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

Multiple horizontal lines for amending information.

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CLERK OF SUPERIOR COURT  
STATE OF MICHIGAN

E. Effective date, if other than the date of filing: 12/14/18 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated \_\_\_\_\_

Terry L Krieger  
Signature of a member or authorized representative of a member

Terry L Krieger  
Typed or printed name of signee