

44100000000729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

11/14/11--01059--003    \*\*25.00

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**L. SELLERS**

NOV 15 2011

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: THE ONE ON ONE GROUP  
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:

SHELLEY GREENIDGE

Name of Person

THE ONE ON ONE GROUP

Firm/Company

1800 NE 114TH STREET SUITE 701

Address

MIAMI FLORIDA 33181

City/State and Zip Code

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

For further information concerning this matter, please call:

SHELLEY GREENIDGE

Name of Person

at ( 305 ) 375 0323 EXT 1

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**

**THE ONE ON ONE GROUP L.L.C.**

**(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 08/05/11 and assigned Florida document number L11000090729.

This amendment is submitted to amend the following:

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

**ONE ON ONE LLC**

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)**

1800 NE 114TH ST SUITE 701

MIAMI FLORIDA 33181

**Enter new mailing address, if applicable:**

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

1800 NE 114TH STREET SUITE 701

MIAMI FLORIDA 33181

**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:**

**SAME AS BEFORE**

**New Registered Office Address:**

**SAME AS BEFORE**

SECRETARY OF STATE	11	NOV	14	T
FLORIDA	2	2014	14	T
Enter Florida street address				
_____				
, Florida				
City	Zip Code	5	4	D

**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**

...ne Managers or Managing Members on our records, enter the title, name, and address of each Manager  
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
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

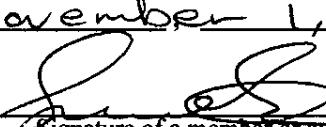
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Dated 11/6/11 (November 1, 2011)



Signature of a member or authorized representative of a member

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Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00