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## **COVER LETTER**

#### TO: Registration Section Division of Corporations

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# ONE TREE 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:

### ANDREINA VALENZUELA

ONE TREE LLC

Firm/Company

Name of Person

10969 NW 72 TERRACE

Address

DORAL, FL 33178

City/State and Zip Code

andreinavaloz@gmail.com

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

For further information concerning this matter, please call:

ANDREINA VALENZUELA at (\_\_\_\_) 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 TREE 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 <u>10/17/2011</u> and assigned Florida document number <u>L11000118541</u>.

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 "LLC."

Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·		<u></u>	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)			00	
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Enter new mailing address, if applicable:		<u> </u>	×	
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(Mailing address MAY BE A POST OFFICE BON)		<u> </u>	<u>ഗ</u> ഗ	
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B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		. Florida
	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.

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 adc , or removed from our records:

### MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			Change
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		<u> </u>	Change
			🗌 Add
			Remove
			Change

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#### E. Effective date, if other than the date of filing: (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 \_\_\_\_\_ 10/0 "Signature of a member or authorized representative of a member Andring

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00