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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ONE MIAMI GROUP, LLC

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COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: ONE MIAMI GROUP, 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:

1	Adam R. Scł	niffman, Esquire			
For further information of	The Schiffma 2875 NE 197 Aventura, FL adam@realatty.n	Name of Person an Law Group, P.A Firm/Company I Street, Suite 404 Address 33180 City/State and Zip Code et be used for future munuel report notification	۲۹.LL ۸ HASSE	2013 NOV -4 AM 10:	
	chiffman, Esq.	at(<u>305</u>)682-1328		9: 17 17	The super state
Name o Enclosed is a check for t \$25.00 Filing Fee	f Person he following amount: □\$30.00 Filing Fee & Certificate of Status	Area Code & Daytime Tel S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■\$60.00 Filing Fcc, Certificate of Statu Certified Copy (additiona) copy is		
MAIL	ING ADDRESS:	STREET/COURIER			

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tailahassee, FL 32301

Registration Section Division of Corporations P.Q. Box 6327 Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONE MIAMI GROUP, 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 02/09/2012 and assigned Florida document number L12000019676

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 "LLC."

Enter new principal offices address, if applicable:

• •

(Principal office address MUST BE A STREET A	<u>DDRESS/</u>	
		<u> </u>
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	00%
	-	
B. If amending the registered agent and/or r registered agent and/or the new registered office	registered office address on our reco address here:	ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Flor	ida street address
		, 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 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

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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>	Address	Type of Action
MGRM	Richard Toledano	19495 BISCAYNE BOULEVAR	D Add
		SUITE 403	Remove
		Aventura, FL 33180	
			Add
			Remove
			bbA
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			Remove

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Dated	11/1/13
	Signature of a member or authorized representative of a member Richard Toledano Typed or printed name of signee
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00

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