

L12000138381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

MAR 27 2014
PRICE

Bassett Consulting, LLC
"Specializing in Regulatory Compliance & Registration"



March 26, 2014

Florida Dept. of State
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Articles of Amendment for One Easy Solution LLC
Change Manager's Address & Change Registered Agent Address
Document #: L12000138381

To Whom It May Concern:

Our company represents our client **One Easy Solution LLC** in matters of state regulatory compliance.

- 1.) Our client has requested to **change** the address for the **Registered Agent office** to **6800 Center Street, STE A. Apopka, FL 32703.**
- 2.) Our client has requested to **change** address for Chris C Miles as a **Manager** to **6800 Center Street, STE A. Apopka, FL 32703.**

This request comes through us from **Chris Miles, Manager** for the company.

Our company appreciates your expeditious service and assistance. You may contact me directly if you have any questions in this regard.

Sincerely,



Bill Bassett
Senior Regulatory Consultant
Director of Marketing & Development
Email: Bill@ConsultBassett.com
Phone: (850) 926-8811 Ext. 101

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FLORIDA DEPT. OF STATE
TALLAHASSEE, FLORIDA

Att.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ONE EASY SOLUTION 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:

BILL BASSETT

Name of Person

BASSETT CONSULTING, LLC

Firm/Company

52 BUNTING DRIVE

Address

CRAWFORDVILLE, FL 32327

City/State and Zip Code

STAFF@CONSULTBASSETT.COM

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

For further information concerning this matter, please call:

BILL BASSETT

Name of Person

850 926-8811

at (Area Code)

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|---|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
2014 MAR 26 AM 10:33
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

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

ONE EASY SOLUTION 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 10/31/2012 and assigned Florida document number L12000138381.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE FLORIDA

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:

6800 CENTER STREET, STE A

Enter Florida street address

APOPKA

City

, Florida 32703

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	CHRIS C MILES	6800 CENTER STREET, STE A	<input type="checkbox"/> Add
		APOPKA, FL 32703	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE FLORIDA

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 25 2014.

Chris Miles
Signature of a member or authorized representative of a member

Chris Miles
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE FLORIDA