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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
FEB 14 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ONEL, 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:

MELODY S NOVOA

\_\_\_\_\_  
Name of Person

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

PO BOX 1546

\_\_\_\_\_  
Address

KEY LARGO, FL 33037

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

MN@HOLIDAYRVM.COM

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

For further information concerning this matter, please call:

MELODY NOVOA

\_\_\_\_\_  
Name of Person

305 851-1577 or 305-451-4555 ext 105  
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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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TALLAHASSEE, FL 32301

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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>
MGRM	MELODY S NOVOA	96000 OVERSEAS HWY, H6	<input type="checkbox"/> Add
		KEY LARGO, FL 33037	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	JACQUES G NOVOA	96000 OVERSEAS HWY, H6	<input type="checkbox"/> Add
		KEY LARGO, FL 33037	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	HOLIDAY RV'S KEYS, LLC	100099 OVERSEAS HWY	<input checked="" type="checkbox"/> Add
		KEY LARGO, FL 33037	<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"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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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)

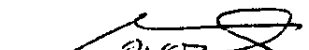
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 FEBRUARY 8, 2017

BRUARY 8 2017

  
Signature of a member or authorized representative of a member

MELODY S NOVOA JACQUES G NOVOA

  
Typed or printed name of signee