## L12000159034

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FALLAHASSEE, FLORIDA

9-2013

## **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT:	ONE	E 2810 LLC			
SUBULCI:		ted Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
		GIANFRANCO PERRI			
		Name of Person			
	ONE 2810 LLC				
		Firm/Company			
	2645 S BAYSHORE DR APT 804				
		Address			
		MIAMI FL 33133			
		City/State and Zip Code			
	E-mail address: (	to be used for future annual report n	otification)		
For further information	concerning this matter, please of	call:			
DENN	NS J. CHIN C.P.A	at (_305 )	255-1040		
Name	of Person	Area Code & Day	time 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 enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Regi: Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, FL 32314	STREET/COU Registration Se Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations g Center Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONE 2810 LLC				
( <u>Name of the Limited Liability Company as it now</u> (A Florida Limited Liability Con	appears on our records.)			
The Articles of Organization for this Limited Liability Company were filed	on 12/20/2012	and assigned		
Florida document number <u>L12000159034</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability compa	any here:			
The new name must be distinguishable and end with the words "Limited Liability "L.L.C."	Company," the designation	"LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		7		
		AE S		
Enter new mailing address, if applicable:	****	FILL EP 19		
(Mailing address MAY BE A POST OFFICE BOX)				
		3: 5 0RIDA		
B. If amending the registered agent and/or registered office addressed agent and/or the new registered office address here:	ss on our records, enter	the name of the nev		
Name of New Registered Agent:				
New Registered Office Address:	red Office Address:  Enter Florida 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

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

**Title** <u>Name</u> <u>Address</u> Type of Action MARIA A. ARISTEGUIETA MGR 17121 Collins Ave #2402 ☐ Add ✓ Remove Sunny Isles Beach, FL 33160 Remove ☐ Add ☐ Remove Add Remove Remove П FLORI Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 16 2013 Dated \_\_\_ Signature of a member or authorized representative of a member GIANFRANCO PERRI Typed or printed name of signee

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Filing Fee: \$25.00