

L13 0000 10997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

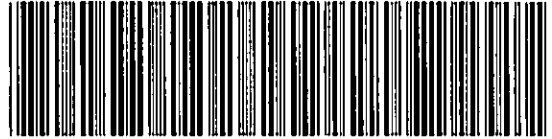
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

667

Office Use Only



500343304105

04/17/20--01014--005 \*\*30.00

2020 / 4 / 21 PM 3:02

R WHITE  
FEB 11 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 29, 2020

JOSE BASERVA  
PO BOX 1532  
FORT MYERS, FL 33902

SUBJECT: ONE STOP SERVICES LLC  
Ref. Number: L13000010997

We have received your document for ONE STOP SERVICES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was administratively dissolved for failure to file the 2014 annual report/uniform business report and must reinstate before this document can be filed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II Supervisor

Letter Number: 820A00008903

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** One Stop Services 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:

Jose Baserva

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

One Stop Services LLC.

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

PO BOX 1532

\_\_\_\_\_  
Address

Fort Myers Florida 33902

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

JBaserva@GMail.com

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

For further information concerning this matter, please call:

Jose Baserva

239

810-2394

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

2013 01 21 PM 3:03

One Stop Services 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 01/22/2013 and assigned  
Florida document number L13000010997.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

One Stop Entitlements LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2577 First St.

(Principal office address MUST BE A STREET ADDRESS)

Fort Myers Florida 33901

\_\_\_\_\_

Enter new mailing address, if applicable:

PO BOX 1532

(Mailing address MAY BE A POST OFFICE BOX)

Fort Myers Florida 33902

\_\_\_\_\_

\_\_\_\_\_

**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:

Jose Baserva

New Registered 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 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**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

— 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.

Signature of a member or authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**