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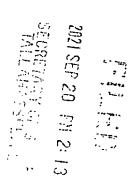
(Requestor's Name)
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COVER LETTER

TO: Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

			•
SUBJECT: ONE STOI	P ENTITLEMENTS LLC Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
Please return all correspo	ndence concerning this matter	to the following:	
	JOSE BASERVA		
		Name of Person	
		Firm/Company	
	Po Box 1532	Address	
	Fort Myers Florida 33902		
	1 off triyers Florida 35702	City/State and Zip Code	
	JBaserva@gmail.com E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Jose Baserva		at (239) 810-2394	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 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 S		Street Address: Registration Sec	tion
Division of C		Division of Corp	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONE STOP ENTITLEMENTS LLC.	76		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Compan	y were filed on JANUAR	Y 22, 2013 and a	issigned
Florida document number L13000010997			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
ENTITLED LAND SOLUTIONS AND ACQUISITIONS LLC.			
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designati	on "LLC" or the abbreviation '	`L.L.C.``
Enter new principal offices address, if applicable:		31	
(Principal office address MUST BE A STREET ADDRESS)		CR AL	
		28 P	3 1
		20	72120
Enter new mailing address, if applicable:		<u> </u>	7 y 3
• • • •		- 5	تنسيا
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered office	e address on our records	s, <u>enter the name of the n</u>	ew registered
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
-	Enter Florida stre	et address	
		, Florida	
	City	Zip Coa	te

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.

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III handina	Redistreed Ad	ent, Signature of Ne	N Brougferen Adeni
	***************************************	LINE CHECKICE OF LIC	, , , , , , , , , , , , , , , , , , ,

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>	Address	Type of Action
	 		□Add
			□Remove
			Change
			□Add
			□Remove
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