113000043513

(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:	
•	

Office Use Only



800291984498

11/07/16--01017--017 **28.00

BIC FOY -7 P 2: 41
ECRETARY OF STATE

S Warren NOV 0 9 2016

COVER LETTER

TO: Registration Se Division of Cor			
Option One	Builders, LLC		
SUBJECT.	Name of Limit	ted Liability Company	
	Amendment and fee(s) are submondence concerning this matter t	_	
·	Daniel Friedman		
		Name of Person	
	Option One Builders, LLC		
		Firm/Company	·····
	Option One Builders, LLC		
		Address	
	Estero, FL 33928		
	1101	City/State and Zip Code	
	daniel@herculesnow.com E-mail address: (to	o be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	11:	
Daniel Friedman		239 440-7898	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Option One Builders, LLC		
(<u>Name of the Limited Lial</u> (A Floi	bility Company as it now appears o rida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Florida document number L13000043513		and assigned
This amendment is submitted to amend the following		·
A. If amending name, enter the new name of the li	imited liability company here	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the design	enation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		,
(Principal office address MUST BE A STREET AD.	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office and amending the new registered office and amending the registered Agent:		

New Registered Office Address:	Enter Florida	street address
		, Florida
	Ciņ:	· Zip Code
New Registered Agent's Signature, if changing Registe	ered Agent:	
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered heing filed to merely reflect a change in the registe company has been notified in writing of this chang	d complete performance of my l agent as provided for in Cha ered office address, I hereby	duties, and I am familiar with and perfer 605, F.S. Or, if this document is
	If Changing Registered Agen	. Signature of New Registered Agent
	Page 1 of 3	2: 1 STAT LORN

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
MGRM	Danny Fernandez	3422 Timberwood Cir	Add
		Naples, FL 34105	■ Remove
			Change
			Add
			☐ Remove
			☐ Change
		1000	Add
		Add Remove	
			Change
			Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			Change Add Change Add Change Change Change
			STATE Change

			· 		
					
			<u> </u>	 	
· · · · · · · · · · · · · · · · · · ·		. <u>.</u> .			<u>,</u>
 					
		,			
				· =····	
	·····				
				• •	
- , , , ,					
					
 .		•		<u> </u>	
	•				
fective date, if other t	than the date of fil	11/1/2016		(optional)
in effective date is listed, the	e date must be specific	and cannot be prior to	date of filing or more than	90 days after filin	g.) Pursuant to 605.020
ote: If the date inserted cument's effective date	on the Department c	of State's records.	ie statutory filing requi	rements, this dat	e will not be listed a
	•				
record specifies a	delayed effective	e date, but not a	an effective time,	at 12:01 a.m	on the earlier
The 90th day after					
November 1		2016	, •		
//			_	· will and -	-
					======================================
				umbur	
	Signature of	f a member or authoriz	zed representative of a me		

Filing Fee: \$25.00

Page 3 of 3