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COVER LETTER

TO: Registration So Division of Co			
	ONE HUNDRED LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Yosef Y Kanner		
		Name of Person	
		Firm/Company	
	PO Box 820		
	Hallandale FL 33008	Address	
	y@floridastatetrust.c	City/State and Zip Code om	
		o be used for future annual report notificat	ion)
	concerning this matter, please co	all:	
Yosef Kanner		717 467-1680	
Name o	of Person	Area Code & Daytime To	elephone Number
Enclosed is a check for the	he 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**

FIRST ONE HUNDRED 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 Liabi	lity Company	were filed on	and assigned
Florida document number	<u>.</u>		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	<u>e limited liabi</u>	dity company here:	
The new name must be distinguishable and end with th "L.L.C."	ne words "Limit	ed Liability Company," the desig	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		6015 Washington Stree	t
(Principal office address MUST BE A STREET A		Suite 200	
		Hollywood, Florida 3302	23 , ₍₋₁ ,
Enter new mailing address, if applicable:			2 22
(Mailing address MAY BE A POST OFFICE BOX)			- Su
			3
B. If amending the registered agent and/or	registered off	ice address on our records.	enter the name of the new
registered agent and/or the new registered office			*
Name of New Registered Agent:			
New Registered Office Address:	6015 Washi	ngton Street, Suite 200	
		Enter Florida st	reet address
	Hollywood	Flo	33023 rida
-	 	City	Zip Code
New Registered Agent's Signature, if changing Regi	istered 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Add
			Remove
			Add
			Remove
			Remove
			Add
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		A. 11. 11. 11. 11. 11. 11. 11. 11. 11. 1	
			Add
			Remove
			Add
			Remove

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Ykomes				
-{ -	Signature of a memb	er or authorized representa	tive of a member	

Page 3 of 3

Filing Fee: \$25.00