

L13 000 147633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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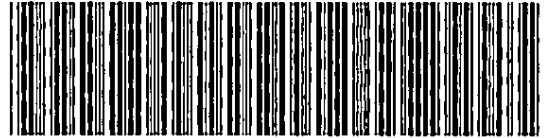
(Business Entity Name)

(Document Number)

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22 SEP 16 AM 10:06
DIVISION OF CLERICAL WORK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ONE STRONG TOWER ENTERPRISES 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:

JULISSA ROSADO

Name of Person

DCM SERVICES CENTER INC

Firm/Company

7208 N ARMENIA AVENUE

Address

TAMPA FL 33604

City/State and Zip Code

DCMSERVICESCENTER@GMAIL.COM

E-mail address. (to be used for future annual report notification)

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RECEIVED
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

JULISSA ROSADO

813

990-8630

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**

ONE STRONG TOWER ENTERPRISES 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 10.21.2013 and assigned
Florida document number L13000147633.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

3915 BROADWAY APT 4

FT MYERS FL 33901

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

C/O DCM SERVICES CENTER

7208 N ARMENIA AVENUE STE 1

TAMPA, FL 33604

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:

DCM SERVICES CENTER INC

New Registered Office Address:

7208 N ARMENIA AVENUE STE 1

Enter Florida street address

TAMPA

Florida 33604

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	CARLOS TORRES	3915 BROADWAY APT 4	<input type="checkbox"/> Add
		FT MYERS, FL 33901	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	LIDIA CODREANU	906 OAK STONE DR	<input type="checkbox"/> Add
		TAMPA, FL 33613	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

22 SEP 16 AM 10:06
STATE OF FLORIDA
DEPARTMENT OF
REVENUE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

EFFECTIVE THIS DATE ALL MEMBERSHIP INTEREST BELONG TO CARLOS TORRES

22 SEP 16 AM 10:08

DEPT OF STATE
DIVISION OF CORPORATIONS

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated AUGUST 22, 2022

Carlos Torres

Signature of a member or authorized representative of a member

CARLOS TORRES

Typed or printed name of signer

Filing Fee: \$25.00