

L14 000067626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

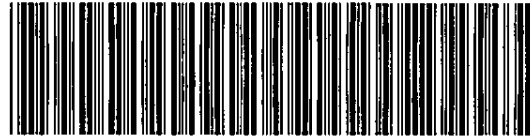
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100259531581

05/02/14--01034--019 \*\*30.00

FILED  
14 MAY 15 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

625



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 8, 2014

JORGE LACERA  
134 S DIXIE HWY #110  
HALLANDALE BEACH, FL 33009

SUBJECT: ONE STOP PROPERTY MANAGEMENT, LLC  
Ref. Number: L14000067626

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

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 314A00009856

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ONE STOP PROPERTY MANAGEMENT, 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:

JORGE LACERA

Name of Person

Firm/Company

134 S. DIXIE HIGHWAY, #110

Address

HALLANDALE BEACH, FL 33009

City/State and Zip Code

JLACERA@LACERAHOMES.COM

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

For further information concerning this matter, please call:

JORGE LACERA

Name of Person

at 305 4693017

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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

ONE STOP PROPERTY MANAGEMENT, 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 April 25, 2014 and assigned  
Florida document number L14000067626.

This amendment is submitted to amend the following:

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

ONE STOP PROPERTY MANAGEMENT GROUP, LLC

The new name must be distinguishable and end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

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**

[illegible]

Page 2 of 3

☐ Add  
☐ Remove  
 MAY 5 PM 1:03  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

---

---

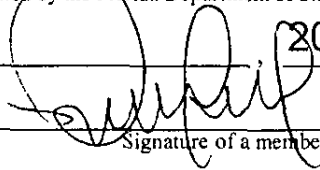
---

---

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 25 2014



Signature of a member or authorized representative of a member

Jorge Lacera

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
14 MAY 15 PM 1:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA