

L14 000 100772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

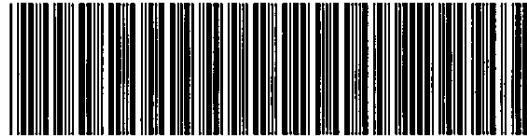
(Business Entity Name)

(Document Number)

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14 JUN 30 AM 10:51
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1A ONLINE STRATEGIES 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:

CESAR OSORIO

Name of Person

1A ONLINE STRATEGIES LLC

Firm/Company

1580 SAWGRASS CORPORATE PKWY SUITE. 130

Address

SUNRISE, FL, 33323

City/State and Zip Code

KWINVEST@AOL.COM

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

For further information concerning this matter, please call:

CESAR OSORIO

Name of Person

at (**305**) **725-7305**

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

1A ONLINE STRATEGIES LLC

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

14 JUN 2014
TALLAHASSEE
FLORIDA
15 JUN 2014
16 JUN 2014

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

CHANGE OF PARTNER ADDRESS:

PEDRO FORT (MGR) NEW ADDRESS:

1580 SAWGRASS CORPORATE PARKWAY SUITE 130

SUNRISE, FL, 33323

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 **JUNE 26TH**, **2014**



Signature of a member or authorized representative of a member

CESAR A. OSORIO

Typed or printed name of signee

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Filing Fee: \$25.00

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