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**Law Offices of
John B. Rogers, P.A.**

jbrogersp@ yahoo.com
(954) 752-9198
Fax: (954) 341-2969

CORAL SPRINGS PROFESSIONAL CAMPUS
5521 UNIVERSITY DRIVE # 104
CORAL SPRINGS, FLORIDA 33067

OF COUNSEL
RICHARD B. MARTIN*
JOHN E. MOLINARI*
FREEPORT, NEW YORK 11520
*NEW YORK BAR ONLY

December 30, 2014

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, Fl. 32314

Re: TOGETHER ONE LLC
FLA. Doc #L 14000133534

Gentlemen:

Enclosed are the following:

1. Cover Letter (one page)
2. Articles of Amendment to Articles of Organization. (3 pages), including the replacement of the Managing Member(page two).
3. Resignation of original Managing Member.
4. My check in the sum of Fifty (\$50.00) for the above.

Should there be any further issues, kindly contact my office.

Very truly yours,


JOHN B. ROGERS, ESQ.

JBR/sd
Enclosure
cc: client

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOGETHER ONE L.L.C.
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JOHN B. ROGERS Esq.
(Contact Person)

JOHN B. ROGERS P.A.
(Firm/Company)

5521 N. UNIVERSITY DR. #104
(Address)

COAL SPRINGS, FL. 33067
(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN B. ROGERS Esq. at (954) 7529198
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
☒ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

TOGETHER ONE L.L.C.

(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 AUGUST 25, 2014 and assigned Florida document number L14000133534.

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 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)

9 ISLAND AVENUE APT. 2207
MIAMI BEACH
33139 FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9 ISLAND AVENUE APT. 2207
MIAMI BEACH
33139 FLORIDA

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

In 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>
MGR	DAVIELA CAMERANO	_____	<input type="checkbox"/> Add
		6700 Indian Creek Dr	<input checked="" type="checkbox"/> Remove
		MIAMI BEACH FL 33141	
MGR	GIORGIO CALDERA	9 Island Ave #2207	<input checked="" type="checkbox"/> Add
		Miami Beach, FL 33139	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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D. If attaching 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 _____



Signature of a member or authorized representative of a member

DANIELA CAMERANO

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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