114000143095

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	_
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to f	Filing Officer:	

Office Use Only



12/05/16--01005--024 **25.00

PILED
2016 DEC -5 P 1: 28
SECKE MARY OF STATE

D. BRUCE DEC 0 6 2016

COVER LETTER

TO:

Registration Section

Division of Cor	porations 🔩	•		
	ek US One LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Sam Osta			
		Name of Person		
	Marsh Creek US One LLC			
		Firm/Company		
	16535 N HWY 301			
		Address		
	Citra, Florida 32113		4	
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	ALL A	2016
	samostadairyfarm@gmail.c		<u> </u>	2018 DEC -5
		to be used for future annual report not	ification)	17-12 12-13 14-13
For further information of	concerning this matter, please co	all:	<u>.</u>	{
Sam Osta		386 383-2900 at ()	ification) ASSEE FLOOR	P : 28
Name o	f Person	Area Code Daytin	ne Telephone Number	78 28
Enclosed is a check for t	he following amount:			
	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Con (additional cop	of Status &
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marsh Creek US One LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company we	ere filed on	and assigned
Florida document number L14000143095		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	nent number L14000143095 ent is submitted to amend the following: Ing name, enter the new name of the limited liability company here: IS One Properties LLC Instituted Liability Company," the designation "LLC" or the abbreviation "L.L.C." Incipal offices address, if applicable: Ince address MUST BE A STREET ADDRESS) ailing address, if applicable: Interess MAY BE A POST OFFICE BOX) ding the registered agent and/or registered office address on our records, enter the name of the new ent and/or the new registered office address here:	
Marsh Creek US One Properties LLC		and assigned designation "LLC" or the abbreviation "L.L.C." on our records, enter the name of the new
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)		
Enter new mailing address, if applicable:	, 	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	ce address on our records,	
Name of New Registered Agent:		The same of the sa
New Registered Office Address:		m v s
	Enter Florida street address	FLOOR
-	, Flori	Code
	•	- w

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 **Title** Name **Address Type of Action** □ Add _□ Remove _□ Change _□ Add □ Remove _□ Change □ Add ☐ Remove _□ Change □ Add □ Remove □ Effange FLOT D Removed □ Add _□ Remove

☐ Change

		
		
	TALI	<u>~~~~</u>
		2018
	AHASS	
		2
	- m	TO TO
	LORI STAT	
		28
effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing: If the date inserted in this block does not meet the applicable statutory ment's effective date on the Department of State's records.	g or more than 90 days after filing.)	Pursuant to 605.02 will not be listed
ecord specifies a delayed effective date, but not an effect ne 90th day after the record is filed.	ive time, at 12:01 a.m. c	on the earlier
d December 1 , 2016		
Signature of a member of anotherized representation	tolive of a member	

Page 3 of 3

Filing Fee: \$25.00