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PICK-UF	5	WAIT	MAIL
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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: Y	OSS ONE LLO Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspon	ndence concerning this matter (	to the following:	
	Diane No	bile E59. Name of Person	
	Nobile Lau	Firm/Company	
•	2015. Bisc	ayne Blvd., Ste	#2650
	miami, Fi	orida 33131 City/State and Zip Code	
		o be used for future annual report notifi	ication)
For further information ec	oncerning this matter, please ca	ill:	
Diane Nob	Person	at ( <u>305</u> ) <u>370</u> . Area Code Daytime	- 8911 Telephone Number
Enclosed is a check for th	e 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:

.

TO:

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

(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L150000</u> This amendment is submitted to amend the following:	-·
A. If amending name, <u>enter the new name of the limit</u>	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "LLC,"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>	FILED  OCT 18 M 9: 44  ANNESSEE: LORDA
B. If amending the registered agent and/or registered agent and/or the new registered office addre	ered office address on our records, <u>enter the name of the neess here</u> :
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:

If Changing Registered Agent, Signature of New 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 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>	Address	Type of Action
MGR	Tross International W	12000 Biscayne Blvd., Stell	□ Add
		miami, 72 33181	Remove
		220 NF MH T	Change
<u>ngr</u>	Argentum Capital Partners LLC	330 NE 80+L Tirace MIGMI, FL 33138	<b>X</b> ∧dd
	19/11/03		☐ Remove
			Change
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The 90th day after the record is filed.	605.0207 listed as
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Signature of a member of authorized representative of a member	

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Filing Fee: \$25.00