

05/04/2015 MON 11:11 FAX H10017005
Division of Corporations Page 1 of 3
L/15000013855

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H15000106862 3)))



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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : FOWLER RODRIGUEZ LLP
Account Number : I20090000080
Phone : (786) 364-8480
Fax Number : (305) 445-3666

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: JGURIAN@FRFIRM.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ONE 921 LLC**

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DIVISION OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAY -5 2015

15 MAY -4 AM 10:00

STATE OF FLORIDA
DIVISION OF CORPORATIONS

(((H15000106862 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ONE 921 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:

IRMA GOMEZ

Name of Person

FOWLER RODRIGUEZ LLP

Firm/Company

355 ALHAMBRA CIRCLE, SUITE 801

Address

CORAL GABLES, FL 33134

City/State and Zip Code

JGURIAN@FRFIRM.COM

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

For further information concerning this matter, please call:

IRMA GOMEZ

Name of Person

786

364-8461

at ()

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

(((H15000106862 3)))

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

(((H15000106862 3)))

ONE 921 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 JANUARY 23, 2015 and assigned

Florida document number L15000013855

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

355 ALHAMBRA CIR, STE 801

(Principal office address MUST BE A STREET ADDRESS)

CORAL GABLES, FL 33134

Enter new mailing address, if applicable:

355 ALHAMBRA CIR, STE 801

(Mailing address MAY BE A POST OFFICE BOX)

CORAL GABLES, FL 33134

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:

JORGE L. GURIAN

New Registered Office Address:

355 ALHAMBRA CIR, STE 801

Enter Florida street address

CORAL GABLES

, Florida 33134

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.

(Signature)
If Changing Registered Agent, Signature of New Registered Agent

(((H15000106862 3)))

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>	<u>Address</u>	<u>Type of Action</u>
MGR	LUIS M JORDAN	2665 South Bayshore Drive	<input type="checkbox"/> Add
		Coconut Grove, FL 33133	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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JANUARY 14 2015

D. If amending any other information interchange(s) here: (Attach additional sheets if necessary.) (((H15000106862 3)))

215 MAY -4 AM 11:14
OFFICE OF THE
ATTORNEY GENERAL
TALLAHASSEE, FLORIDA

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F
m
D

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated APRIL 30 2015

Signature of a member or authorized representative of a member

JORGE L. GURIAN

Typed or printed name of signee