# 1500052586

(Re	equestor's Name)	
(Ad	dress)	
(Ac	ldress)	
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Sertified Copies Certificates of Status  Special Instructions to Filing Officer:		
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	₽)
(Do	ocument Number)	
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### **COVER LETTER**

TO:	Registration Sec Division of Corp			,
SUBJI		JNITED LLC		
			ted Liability Company	
The en	closed Articles of A	amendment and fee(s) are subm	nitted for filing.	
Please	return all correspon	dence concerning this matter t	o the following:	
		CHRISTINA T THOMAS		
			Name of Person	
		ONE GOD UNTED LLC		
			Firm/Company	
		70 SW 91ST AVE STE 305	5	
			Address	
		PLANTATION FL 33324		
			City/State and Zip Code	<del></del> _
		TINA.ONEGODUNITED@		
		E-mail address: (to	o be used for future annual report no	tification)
For fu	ther information co	ncerning this matter, please ca	ll:	
CHRI	STINA THOMAS		954 600-0838	
	Name of	Person	at () Area Code Dayti	me Telephone Number
Enclos	ed is a check for the	e following amount:		
₩ \$2	5.00 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



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## FLORIDA DEPARTMENT OF STATE Division of Corporations LAHASSEE, FLORIDA

June 26, 2015

CHRISTINA T THOMAS 2ND MAILING 70 SW 91ST AVE, APT #305 PLANTATION, FL 33324

SUBJECT: ONE GOD UNITED, LLC

Ref. Number: L15000052586

We have received your document for ONE GOD UNITED, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 315A00010352

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONE GOD UNITED LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000052586</u> .	were filed on 03/24/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	70 SW 91ST AVE APT 305
(Principal office address MUST BE A STREET ADDRESS)	PLANTATION FL 33324
Enter new mailing address, if applicable:	70 SW 91ST AVE APT 305
(Mailing address MAY BE A POST OFFICE BOX)	PLANTATION FL 33324
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her  Name of New Registered Agent:	
	5: <b>(</b> ∩ ?)
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

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
AMBR	CHRISTINA T THOMAS	70 SW 91ST AVE APT 305	<b>=</b> Add
		PLANTATION FL 33324	□ Remove
			□ Change
AMBR	CHRISTINA SAMUELS	1595 NE 135TH ST 415	
		MIAMI FL 33161	■ Remove
			☐ Change
AMBR	SHAWN SAMUELS	1595 NE 135TH ST 415	□ Add
		MIAMI FL 33161	■ Remove
			FI.Change
			AAR Add
			Remove 75
			□ Add
			Remove
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		<u></u>	Add
			Remove
			Change

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	05/04/2015	FLOR	က်
an ef lote:	(optional) (fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date whent's effective date on the Department of State's records.	ursuant	o 6 <del>05.</del> 02 e listed
e re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. or 90th day after the record is filed.	n the e	arlier
ated	MAY 1ST 2015		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00