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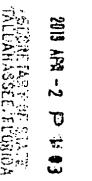
(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
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APR 1 2 2019

T. LEMIEUX

COVER LETTER

JBJECT:	1 One P	operties,	LLC
	Name of Lim	ited Liability Company	
ie enclosed Articles of Am	Name of Limited Liability Company nelosed Articles of Amendment and fee(s) are submitted for filing. PORA Weinvelo Name of Person DORA Weinvelo Name of Person Para Rate Rate 7, # 400 Address Para Rate Rate Rate Rate Rate Rate Rate Rat		
ease return all corresponde	nce concerning this matter	to the following:	
	DORA		<u> </u>
(Dvora	Weinreb	PA
	20283 <	Hate Rd	7, #400
	Boca R	aton, FC	33498
-	E-mail address:	a) dupa/	aw, em
r further information conc	erning this matter, please ca	all:	
Diore U	Jeinreb	25V 3	274, 7730
Name of Pel	rson	Area Code D	ayume Telephone Number
	_		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
//			
/ Division of	Corporations \	Division of C	orporations
P.O. Box 6 Tallahassed	327 e. FL 32314	Clifton Buildi 2661 Executiv Tallahassee, I	ve Center Circle

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

THA ONE	Properti	es, LICLED
(Name of the Limited Liability Co	mpany as it now appears o	n our records.)
·		5/7/2015 and assigned
e Articles of Organization for this Limited Liability Comp	any were filed on	CLUBE LA ANGESTATE
orida document number <u>L15 0000 87(0.</u> 5	13	MALLAHASSTEPFILORIDA
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	liability company here	:
e new name must be distinguishable and contain the words "Limited	Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRES.	<u>s)</u>	
The part of the same of the sa		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
duting dutiess with DBT. 99.		
. If amending the registered agent and/or registered agent and/or the new registered office address. Name of New Registered Agent:	ed office address on s here:	our records, enter the name of the new
New Registered Office Address:	Enter Flori	la street address
	City	, Florida Zip Code
ew Registered Agent's Signature, if changing Registered A	<u>vgent:</u>	
hereby accept the appointment as registered agent and rovisions of all statutes relative to the proper and company the obligations of my position as registered agencing filed to merely reflect a change in the registered company has been notified in writing of this change.	d agree to act in this c aplete performance of t art as provided for in C	hapter 605, F.S. Or, if this document is
		one Signature of New Registered Agent
	If Changing Registered Ag	ent, Signature of New Registered Agent

nending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added emoved from our records:

R = BR =	Manager - Authorized Member		
<u>e</u>	<u>Name</u>	Address	Type of Action
- 12	Moshe Shick	9587 Welden Cir	
		#301	Remove
	e e e e e e e e e e e e e e e e e e e	#301 Tamarac FC 33321	/ / □ Chang¢
?_	Moshe Shick, Trustee of the	9587 Weldon Cir	Add
	Moste Shick PLT doubled 3/28/19	#30/	Remove
	doubled 3/28/19	Tamarac Fr 3332	☐ Change
•			Add
			Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change

	
-	
fective n effecti	date, if other than the date of filing: (optional) ve 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 605.020
<u>ote:</u> If t	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
cument	's effective date on the Department of State's records.
	to the second se
recor The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after
	·
ited	3/28, 2019
	i 1'
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00