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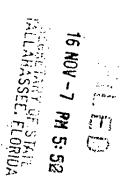
(Requestor's Name)
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
(Address)
(City/State/Zip/Phone #)
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(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Florida One Enterprises 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:
Melissa Santiago Name of Person
Florida one Enterprises, LLC
4532 Commander DR. # 2127 Address
ORlando, FL 32822 City/State and Zip Code
My Central FL Agent @ Gmail: Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Melissa Santiago at (407) 316-3884 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$55.00 Filing Fee & Certificate of Status \$\Bigcup \\$ Certified Copy (additional copy is enclosed) \$\Bigcup \\$ 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida one Enteronamento (Name of the Limited Liability Compar (A Florida Limited L	TPriscs LLC ny as it now appears on our records.)	
(A Florida Limited L	lability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 4 15000164164.	were filed on 91 aal ac	215 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or	he 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)	A 44.4.22.40	,
		8 2 2
B. If amending the registered agent and/or registered of	fice address on our records at	to the name of the new
registered agent and/or the new registered office address here	e:	
Name of New Registered Agent:		5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5
New Registered Office Address:		3>
Now Registered Office Medicus.	Enter Florida street address	
	, Florid	a
	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
MGR	Brenda SAntingo	4532 Commander DR 2	<u> 27</u> □ Add
	5	ORIANDO FL 32822	
			Change
map	Melissa Santiago	4532 Commander DR 2127	X Add
		ORIANDO, FL 32822	□ Remove
			Change
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record specifies a	delayed effecti the record is fi		but not ar	n effective t	ime, at 12	:01 a.m. (on the	earlier
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nted <u>NOVEMBE</u>	<i>31</i>		2	d representative				

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Filing Fee: \$25.00