



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : RCA ACCOUNTING SERVICES CORP
Account Number : I20180000102
Phone : (305)406-3800
Fax Number : (305)406-3999

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

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
ONE HOLDINGS US LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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2019 OCT 30 PM 1:52

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T. LEMAY

OCT 1 2019

HI90002923403

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ONE HOLDINGS US 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:

ROBERTO DE OLIVEIRA CESAR JR.

Name of Person

Firm/Company

1102 NW 130 AVE

Address

PEMBROKE PINES, FL 33026

City/State and Zip Code

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

For further information concerning this matter, please call:

ROBERTO DE OLIVEIRA CESAR JR.

786

420-2909

Name of Person

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

H1900024234

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ONE HOLDINGS US LLC

2019 OCT 30 P 1:52

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/20/2015 and assigned
Florida document number L15000196904

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

WOOD BROTHER'S LLC

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:

8180 NW 36 STREET

(Principal office address MUST BE A STREET ADDRESS)

SUITE 407

DORAL, FL 33166

Enter new mailing address, if applicable:

8180 NW 36 STREET

(Mailing address MAY BE A POST OFFICE BOX)

SUITE 407

DORAL, FL 33166

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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

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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> |
|--------------|---------------------------------|--------------------------|--|
| MGRM | Neuza Miranda De Oliveira Cesar | 1102 NW 130 AVE | <input type="checkbox"/> Add |
| | | PEMBROKE PINES, FL 33028 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGRM | Natasha Veiga Cesar | 1102 NW 150 AVE | <input type="checkbox"/> Add |
| | | PEMBROKE PINES, FL 33028 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Nilo Bezerra | 1835 SW 163 AVE | <input checked="" type="checkbox"/> Add |
| | | MIAMI, FL 33027 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Roberto De Oliveira Cesar Jr. | 1102 NW 130 AVE | <input checked="" type="checkbox"/> Add |
| | | PEMBROKE PINES, FL 33028 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Lucien Bezerra | 406 NW 68 AVE | <input checked="" type="checkbox"/> Add |
| | | AP 302 | <input checked="" type="checkbox"/> Remove |
| | | PLANTATION, FL 33317 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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 10/02/2019

Neeraj Desai
Signature of a member or authorized representative

NEUZA MIRANDA DE OLIVEIRA CÉSAR

Typed or printed name of signer