## L16000198190

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
		MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
Office Use Only		



01/31/19--01013--004 ++25.00

18 JAH 34 PH -2: 49 LANKSSEE FURIN 

FEB 0 1 2018 Y SULKER

	1		
, · ·	· ·	COVER LETTER	R
TO: Registration Se Division of Cor			
	SHOT LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Christian Sanchelima, Esq		
		Name of Person	
	Sanchelima & Associates I	PA	
		Firm/Company	·····
	235 SW Le Jeune Rd		
		Address	
	Miami, FL 33134		
		City/State and Zip Code	
	legal@sanchelima.com	to be used for future annual r	eport notification)
For further information e	oncerning this matter, please ca		
Christian Sanchelima		305 447	-1617
Name o	fPerson	at () Area Code	Daytime Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certificate of Status &
Registr Divisio	ING ADDRESS: ation Section on of Corporations ox 6327	Registrati	<b>COURIER ADDRESS:</b> on Section of Corporations uilding

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONE STEP SHOT LLC		
( <u>Name of the Limited Lia</u> ) (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L16000198190</u>		and assigned
This amendment is submitted to amend the following	к.	
A. If amending name, <u>enter the new name of the l</u>	imited liability company here:	
The new name must be distinguishable and contain the words "I Enter new principal offices address, if applicable:	Limited Etability Company," the designation "LLC" or the	abbreviation "L.L.C."
(Principal office address MUST BE A STREET AD	)DRFSS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or re		18 JAN 34
B. If amending the registered agent and/or re registered agent and/or the new registered office a		r the name of the new
Name of New Registered Agent:		
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>	Name	Address	Type of Action
MGR	HERNANDEZ, OMAR J, SR	9902 COSTA DEL SOL BLVD	Add
		DORAL, FL 33178	Remove
			Change
			Add
			Remove
			Change
			🖸 Add
			Remove
			Change
			hangë
			Remove
			Change
			Add
			C Remove
			Change

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

····	
·····	
······	
	· · · · · · · · · · · · · · · · · · ·
	00
	1. JAN 3.
ive data if other then the date of filing:	(antion D)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

January 22
Dated \_\_\_\_\_

2018

Signature of a member or authorized representative of a member

Christian Sanchelima, Esq. (Authorized Representative)

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00