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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE		ROPERTY MANAGEMENT L	LC	
AUDJI.	CI	Name of Limi	ted Liability Company	
The enc	losed Articles of .	Amendment and fee(s) are subr	nitted for tiling.	
Please 1	eturn all correspo	ndence concerning this matter t	to the following:	
		MARIA C DELLOCA		
			Name of Person	
		MDELL PROPERTY MA	NAGEMENT LLC	
			Firm/Company	
		777 BRICKELL AVE STE	E 1210	
			Address	
		MIAMI, FL 33131		
			City/State and Zip Code	
		mdelloca@mdellconsultin	·	
		E-mail address: (to	o be used for future annual report notifi	cation)
For furt	her information co	oncerning this matter, please ca	11:	
MARTI	N DELLOCA		305 607-3493	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclose	d is a check for th	e following amount:		
□ \$2 <i>5</i>	.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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MDELL PROPERTY MANAGEMENT LL	.C	
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our reco a Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability C	Company were filed on 3/15/2017	and assigned
Florida document number L17000059904	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
ONE FISH TWO FISH MIAMI LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
		700
Mailing address MAY BE A POST OFFICE BOX)		
		<u>\$</u>
3. If amending the registered agent and/or regis registered agent and/or the new registered office add		ds, enter the name of the r
Name of New Registered Agent:		
N P ' 1 00' 1 11		
New Registered Office Address:	Enter Florida street addr	'ess
	P	FloridaZip 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 **Type of Action** Title Address Name ☐ Remove _□ Change ☐ Remove ☐ Change ₽ ∧dd □ Remove _ Change □ Add _□ Remove _ Change □ Add ☐ Remove

_□ Change

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	ve date, if other than the date of filing: (optional) (optional)
Note:	ctive 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 60 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list
docume	nt's effective date on the Department of State's records.
he rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl
	90th day after the record is filed.
	JULY 01 2018
Dated _	JULY 01 2018
	1,1 (1/2002

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Typed or printed name of signee

Filing Fee: \$25.00