

L17000096804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

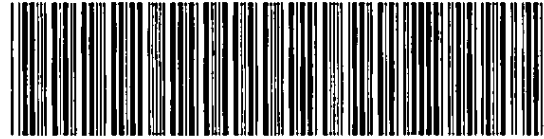
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/18/17--01019--003 **52.50

FILED
17 DEC 15 AM 1:59
TALLAHASSEE, FL 32304

J. LEGGETT
DEC 18 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 30, 2017

HENRY MARCANO
14438 DESERT HAVEN ST
WINDERMERE, FL 34786 US

SUBJECT: 5 ONE 5 LLC
Ref. Number: L17000096804

We have received your document for 5 ONE 5 LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LLC, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 017A00024202

Letter Number
017A 00024202

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 5 ONE 5 LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HENRY MARCANO

Name of Person

5 ONE 5 LLC

Firm/Company

14438 DESERT HAVEN ST

Address

WINDERMERE, FL 34786

City State and Zip Code

marcano.henry@yahoo.com

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

2017 DEC 18 PM 11:24
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

HENRY MARCANO

Name of Person
407 437-6001
at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

5 ONE 5 LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/02/2017 and assigned
Florida document number 117000096804.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

14438 DESERT HAVEN ST

WINDERMERE FL 34786

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14438 DESERT HAVEN ST

WINDERMERE FL 34786

FILED
17 DEC 15 AM 1:59
TALLAHASSEE, FLORIDA

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:

HENRY MARCANO

New Registered Office Address:

14438 DESERT HAVEN ST

Enter Florida street address

WINDERMERE

City

Florida 34786

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>	<u>Address</u>	<u>Type of Action</u>
MGR	NORMA MARCANO	11439 CITRA CIRCLE 202	<input type="checkbox"/> Add
		WINDERMERE, FL 34786	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RICHARD RAMIREZ	3245 SW PORT ST LUCIE BLVD	<input type="checkbox"/> Add
		PORT ST LUCIE FL 34953	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	HENRY MARCANO	14438 DESERT HAVEN ST	<input type="checkbox"/> Add
		WINDERMERE, FL 34786	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

17 DEC 15 AM 1:59
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17 DEC 15 AM 1:59
FBI - MEMPHIS
TELETYPE UNIT

(If an effective 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 605.0207 (3)(b)

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.

Dated DECEMBER 5, 2017

 Sig.

Signature of a member or authorized representative of a member

HENRY MARCANO

Typed or printed name of signee