

L17000155961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

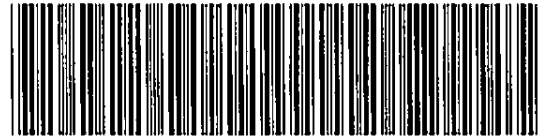
(Business Entity Name)

(Document Number)

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8/17/17

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: One Percent Florida Realty, 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:

Wilmer E Eichler, Jr

Name of Person

One Percent Florida Realty, LLC

Firm/Company

18909 Place Marquette

Address

Lutz, FL 33558

City/State and Zip Code

onepercentfloridarealty@gmail.com

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

For further information concerning this matter, please call:

Wilmer E Eichler, Jr.

727 709-0225

at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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

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

One Percent Florida Realty, 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 07/20/2017 and assigned
Florida document number L17000155961.

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)

8331 Gunn Hwy

Tampa, FL 33626

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18909 Place Marquette

Lutz, FL 33558

FILED
17 AUG 15 AM 10:16
SECRETARY OF STATE
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:

Wilmer E Eichler, Jr

New Registered Office Address:

8331 Gunn Hwy

Enter Florida street address

Tampa


City

Florida 33626

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	Wilmer E Eichler, Jr	8331 Gunn Hwy	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Tampa, FL 33626	<input type="checkbox"/> Change
MGR	Kevin S Lowery	18909 Place Marquette	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		Lutz FL 33558	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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17 AUG 15 AM 10 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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17 AUG 15 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Dated August 8, 2017

Wm. F. East

Signature of a member or authorized representative of a member

Wilmer E Eichler, Jr.

Typed or printed name of signee