11000118821

(Re	questor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700302716997

08/25/17--01028--013 **25.00

17 AUG 25 PH 12: 39

S. WARREN AUG 2 8 2017

COVER LETTER

TO: Registration Sect Division of Corp			
SUBJECT:	ONE Marga Name of Lim	acta Lha ited Liability Company	
The enclosed Articles of A	mendment and feets) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Coi	Name of Person	
	Or	1c Margarit	a LLC
	2000	NE Van Loc	on Ter
	DSAS B	CORAL FZ City/State and Zip Code CCh Q AOL to be used for future annual report notifi	33909 Com
For further information cor	neerning this matter, please co	ail:	
CONRAD	Baas	at (239) 24	2 2561
Name of I	Person	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

One Mi	araa	rita	L	hC				
(<u>Name of the Limited Liabili</u> (A Florida	ity Compan a Limited Li	v as it nov ability Cor	v appears o npany)	n our reco	ords.)			
The Articles of Organization for this Limited Liability Colorida document number $_ \& 1700017886$		vere filec	I on(08/2	0/20	<u>77</u> and	assign	ed
This amendment is submitted to amend the following:								
A. If amending name, <u>enter the new name of the lim</u>	<u>iited liabil</u>	ity comp	oany here	:				
The new name must be distinguishable and contain the words "Lim	nited Liabilit	y Compan	y." the desig	gnation "l.	LC" 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:								
Mailing address MAY BE A POST OFFICE BOX)					<u> </u>			
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:			ress on o	ur recoi	rds, <u>ente</u>	r the nar	ne of	the new
					-			
New Registered Office Address:	<u> </u>	E	nter Florida	street add	ress			
					Florida _			
		City				Zip Ce	ule	
New Registered Agent's Signature, if changing Registered								
hereby accept the appointment as registered agent browns of all statutes relative to the proper and cuccept the obligations of my position as registered agoing filed to merely reflect a change in the registere	complete p gent as pr ed office o	erforma ovided j	nce of m or in Cha	· duties. ipter 60,	and Lan. 5. F.S. O	r familiar r. if this d	with a ocume	nd
ompany has been notified in writing of this change.							Vine	
						· .*	25	-
	If Chang	ing Regis	tered Agent	, <u>Signatui</u>	re of New 1	Registered /	venP	

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
Myr	Sesus Nunec	FORT MYERS FL	BIVD - Add
		FORT MYERS FL	33916 B Remove
			□ Change
			□ Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
			Change
			□ Add
		_ <u>-</u>	☐ Remove
			□ XJa □
			Change

_						
	\$ 1-7 to 1-7			 -		
						_
			•		<u> </u>	
_						
_						
_	· · · · · · · · · · · · · · · · · · ·					
_						
_				-	_	
				<u> </u>		
_			·			
_			·			
			· ·	 -		
_			<u>-</u>			
_						
		<u>!</u> :	e e e e e e e e e e e e e e e e e e e	(optiona n 90 days after filir	1) ig.) Pursuani	t to 605 020
ote:	e date, if other than the date of filing tive date is listed, the date must be specific and the date inserted in this block does not m it's effective date on the Department of S	rect the applicable.	statutory filing requ	irements, this da	te will not	be listed a
ote: 	the date inserted in this block does not m	neet the applicable tate's records.	statutory filing requ	irements, this da	te will not	be listed a:
ote: I ocume reco The (rd specifies a delayed effective door the normal specifies and the new feetive date on the new feetive door the ne	neet the applicable tate's records.	statutory filing requ	irements, this da	te will not $\frac{1}{2}$. on the	earlier o
ote: I ocume reco The (The date inserted in this block does not make effective date on the Department of Source of specifies a delayed effective doubth day after the record is filed.	neet the applicable tate's records.	statutory filing requ	irements, this da	te will not $\frac{1}{2}$. on the	earlier o
ote: I ocume reco The (The date inserted in this block does not make effective date on the Department of Source of specifies a delayed effective doubth day after the record is filed.	ate, but not an	statutory filing requ	irements, this dai	on the	earlier o
<u>cote:</u> I ocume e reco	rd specifies a delayed effective doth day after the record is filed.	ate, but not an	effective time,	irements, this dai	i. on the	earlier o

Page 3 of 3

Filing Fee: \$25.00