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N. CAUSSEAUX MAR 2 2 2018

COVER LETTER

Division of Co	
ONE STO SUBJECT:	OP KISSIMMEE, LLC
Subsect.	Name of Limited Liability Company
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.
Please return all correspo	ondence concerning this matter to the following:
	Michael T. Hankin, Esq.
	Name of Person
	Hankin & Hankin
	Firm/Company
	100 Wallace Avenue, Suite 100
	Address
	Sarasota, Florida 34237
	City/State and Zip Code
	mhankin@sarasotalawfirm.com
	E-mail address: (to be used for future annual report notification)
For further information c	concerning this matter, please call:
Michael T. Hankin, Esq.	941 957-0080
Name o	of Person Area Code Daytime Telephone Number
Enclosed is a check for the	the following amount:
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status (certified Copy (additional copy is enc

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 STOP KISSIMMEE, LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our re- la Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability	Company were filed on 11/13/2017	and assigned
Florida document number L17000234114		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
ONE STOP HOUSING, LLC		
The new name must be distinguishable and contain the words "Lir	nited 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 ADD	RESS)	<u> </u>
		Sign Sign
		基
Enter new mailing address, if applicable:		72 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
(Mailing address MAY BE A POST OFFICE BOX)		300
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B. If amending the registered agent and/or regis	stered office address on our reco	ords, enter the name of the new
registered agent and/or the new registered office add		<u></u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
		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	Mark Vengroff	8440 N Tamiami Trail	■ Add
		Sarasota, Florida 34243	Remove
			Change
			□ Remove
			Change Jorg
			Change STU-
		□ Change	
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	pecifies a dela day after the			not an eff	ective time	e, at 12:01	a.m. on th	ne earlier of
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	$\times/-$	Signature o	f a member or a	uthorized repr	esentative of a	member		 _

Page 3 of 3

Filing Fee: \$25.00