# 11800011819

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J. LEGGETT MAR 1 5 2018

## **COVER LETTER**

	Registration Sec Division of Corp						
SUBJEC	ONE VILLAGE, LLC						
SUBJEC	·	Name of Limited Liability Company					
The enclo	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please ret	urn all correspor	ndence concerning this matter	to the following:				
		Farrah Chishty					
			Name of Person				
		Launch by LegalShield					
			Firm/Company				
		One Pre Paid Way					
			Address	)-51-la-fla			
		Ada, OK 74820					
		<del></del>	City/State and Zip Code				
		launchfilings@legalshieldco	•				
			to be used for future annual report no	otification)			
For furthe	er information co	oncerning this matter, please ca	all:				
Farrah Ci	hishty		580 272-2892				
	Name of	Person	at ()	me Telephone Number			
Enclosed	is a check for th	e following amount:					
□ <b>\$</b> 25.0	0 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 VILLAGE, LLC		
(Name of the Lim	ted Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited I Florida document number L18000041849		02/15/2018 and assigned
londa document number	·	
his amendment is submitted to amend the fol	lowing:	
a. If amending name, enter the new name of	of the limited liability company	<u>here</u> :
he new name must be distinguishable and contain the	words "Limited Liability Company," the	•
Enter new principal offices address, if appli	cable:	<u></u>
Principal office address MUST BE A STRE.		
Timeput Office mauress 1/1051 Diz /107102		£7
		~ 2:
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u></u>	
	<del></del>	
3. If amending the registered agent and registered agent and/or the new registered of		on our records, enter the name of the
Name of New Registered Agent:	Christopher R. Walsh	
New Registered Office Address:	6324 Crestmont Glen Lane	
	Enter F	lorida street address
	Windermere	, Florida 34786
	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>	<u>Name</u>	Address	Type of Action
MBR	Christopher R. Walsh	6324 Crestmont Glen Lane	
		Windermere, FL 34786	Remove
			Change
	<del></del>		Add
		<del>-</del>	Remove
			Change
			□ Remove
			☐ Change
			Add
			Remove
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	<del></del>		
			☐ Remove
			Change
			D Add
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			☐ Change

<del>-,</del>	
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etive date, if other than the date of filing:	(optional)
If the date inserted in this block does not meet the applicable statu	
ment's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effe	ective time, at 12:01 a.m. on the earlie
d March 13 . 2018 . Signature of a member or authorized reprint	
1 /1 oven 13 . 2018.	$\circ$
( Lett RIA)	Kol_
	<i>//</i> —

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Typed or printed name of signee

Filing Fee: \$25.00