

# L18000255228

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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T GLASS

MAY 15 2019

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.Incserv.com  
e-mail: accounting@incserv.com

**ORDER FORM**

**TO** Florida Department of State  
Division of Corporations, Clifton  
Building  
2661 Executive Center Circle  
Tallahassee, FL 32301  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Stops  
mstops@incserv.com  
850.656.7953

**REQUEST DATE** 5/14/2019

**PRIORITY** Routine

**OUR REF # (Order ID#)** 742110

**ORDER ENTITY**  
TOG MARKETING LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

File the attached amendment

**NOTES:**

\$25.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



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Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

## Page 1 of 3

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>                   |
|--------------|---------------------------------|-------------------------------------------------|-----------------------------------------|
| AMBR         | The ONE Group Hospitality, Inc. | 411 W. 14th St. 2nd Floor<br>New York, NY 10014 | <input type="checkbox"/> Add            |
|              |                                 |                                                 | <input type="checkbox"/> Remove         |
|              |                                 |                                                 | <input type="checkbox"/> Change         |
| MGR          | The ONE Group, LLC              | 411 W. 14th St.<br>New York, NY 10014           | <input checked="" type="checkbox"/> Add |
|              |                                 |                                                 | <input type="checkbox"/> Remove         |
|              |                                 |                                                 | <input type="checkbox"/> Change         |
|              |                                 |                                                 | <input type="checkbox"/> Add            |
|              |                                 |                                                 | <input type="checkbox"/> Remove         |
|              |                                 |                                                 | <input type="checkbox"/> Change         |
|              |                                 |                                                 | <input type="checkbox"/> Add            |
|              |                                 |                                                 | <input type="checkbox"/> Remove         |
|              |                                 |                                                 | <input type="checkbox"/> Change         |
|              |                                 |                                                 | <input type="checkbox"/> Add            |
|              |                                 |                                                 | <input type="checkbox"/> Remove         |
|              |                                 |                                                 | <input type="checkbox"/> Change         |

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

Blank lined paper with faint horizontal ruling lines.

2019 MAY 14 AM 8:50

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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)

**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.

(b) The 90th day after the record is filed.

Dated May 13 2019

Linda Silva

Signature of a member or authorized representative of a member

Linda Siluk

Typed or printed name of signee