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(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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AUG 1 3 2020 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations

ONE 8 DEVELOPMENT, LLC

SUBJECT: ____

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:

John M. Brunson, Esq.

Name of Person

John Morgan Brunson

Firm/Company

4250 Central Avenue

Address

St. Petersburg, FL 33711

City/State and Zip Code

jmb@jmbesquire.com

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

For further information concerning this matter, please call:

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 Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

	F AMENDMENT	
	TO	101
	ORGANIZATION	ē 11
	OF	
ONE 8 DEVELOPMENT, LLC		1010 JUL -1 PH 6. 4
(<u>Name of the Limited Liability Con</u> (A Florida Limited	i <u>pany as it now appears on our records.)</u> 2d Liability Company)	
		ġ.
The Articles of Organization for this Limited Liability Compa	ny were filed on January 18, 2019	and assigned
Florida document number L19000020205		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	•
The new name must be distinguishable and contain the words "Limited Lin	ability Company," the designation "LLC" or th	ae abbreviation "L.L.C."
-		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	office address on our records, en	ter the name of the new
registered agent and/or the new registered office address h		
Name_of_New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida , City	Zip Code
	Cary	ZIP CHUC

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. Thereby confirm that the limited liability company has been notified in writing of this change.

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Vew Registered Agent If Changing Registered Asyr

Page 1 of 3

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

.

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Louis M. Murphy, Jr.	2100 5th Avenue N.St. Petersburg,	Add
		St. Petersburg, FL 33713	Remove
			Change
MGR	One 8 Management Systems, Inc.	4250 Central Avenue	📄 Add
		St. Petersburg, FL, 33711	Remove
			Change
			O Add
			Remove
			Change
			🖸 Add
			Remove
			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

March Dated	2020
	1-00
\subset	Senature of a member or authorized representative of a member
Louis M. Murphy, Jr	Louis M. Murch Jr
	Louis M. Marph J. Typed or printed name of Jignee

Filing Fee: \$25.00