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JUL 26 2019 I ALBRITTON

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	Name of Limited Liability Company
The e	nclosed Articles of Amendment and fee(s) are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
	Name of Person
	<u> one Rodeo LLC</u> Firm/Company
	3675 N. Country Club Dr Apt. 1501
	Aventura, FL 33180 City/State and Zip Code odetteagentagnail.com E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For fu	irther information concerning this matter, please call:
	Name of Person at (954) 245 4637 Area Code Daytime Telephone Number
Enclo	sed is a check for the following amount: already in your office
_	25.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) S30.00 Filing Fee & Certified Copy (additional copy is enclosed) 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



July 3, 2019

ODETTE HITTI 3675 N. COUNTRY CLUB DR #1501 AVENTURA, FL 33180

SUBJECT: ONE RODEO LLC Ref. Number: L19000102253

We have received your document for ONE RODEO LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 619A00013534

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	e Kodea			
(Name of the Limited I	iability Company Torida Limited Lia	as it now appears on bility Company)	our records.)	
The Articles of Organization for this Limited Liabi		ere filed on 4	15/19 EFF	and assigned
Florida document number <u>L1900010</u> 17	<u>~53</u> .			
This amendment is submitted to amend the followi	ng:			
A. If amending name, enter the new name of th	e limited liabili	ty company here:		
The new name must be distinguishable and contain the words	"Limited Liability	Company," the design	nation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:				23
Principal office address MUST BE A STREET A	DDRESS)			
				· · · · · · · · · · · · · · · · · · ·
				C ,
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
				သွ
B. If amending the registered agent and/or registered agent and/or the new registered office	address here:		ir records, <u>ent</u>	er the name of the
Name of New Registered Agent:		- Hitti		<u></u>
New Registered Office Address:	3675 N.	Country C Enter Florida:	lub DV =	#1501
-	Avent	UTA City	, Florida	33180 Zip Code
New Registered Agent's Signature, if changing Regi	stered 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 Title **Address** Name Type of Action John Stanbridge 3675N. (ountry Club Dr. #1501 DAdd
Aventura, FL 33180 Rem _□ Change □ Add _____ 🗆 Remove _____ Change □ Add _____ Change □ Add ☐ Remove ☐ Change ☐ Remove □ Change \square Add _□ Remove

_____ Change

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

E. Effective date, if other than the date of filing: (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 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.
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.
Dated July 4th 2019
Signature of a member or authorized representative of a member
Odette Hitti Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00