## 119000 161 131

(Re	questor's Name)	
<del></del>	<del></del>	
(Adı	dress)	
(Ad	dress)	
		<del></del>
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Dor	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
		Ì
u		
		-
·		

Office Use Only



600331551556

07/18/19---01007--017 \*\*60.00

ZOIP JUL 18 PH 12: 18
SECREMAN SCALS ID: C

C KluseA

## **COVER LETTER**

TO:	Registration Se Division of Cor			
	- C3.080	ER ONE LLC		
SUBJE	.CT:		ited Liability Company	
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please 1	return all correspo	indence concerning this matter	to the following:	
		MARIE OCCILE CLEME	NT	
		JB TRUCKER ONE	Name of Person	
		6409 NW 72nd AVE	Firm/Company	<del></del>
		TAMARAC, FL 33321	Address	
		JBTRUCKERONE@GMA	City/State and Zip Code IL.COM	<del></del>
			to be used for future annual report notifi	cation)
or furt	ther information c	oncerning this matter, please ca	all:	
MARII	E OCCILE CLEM	IENT	954 822-5006 at ( )	
	Name o	f Person		Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$25	5.00 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:

TO:

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

( <u>Name of the Limited Liability Compan</u> (A Florida Limited L	y as it now appears on our records.) ability Company)				
The Articles of Organization for this Limited Liability Company of Florida document number L19000161731	were filed onJUNE 19, 2019	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	lity company here:				
N/A					
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or th	e abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		(3.			
Principal office address MUST BE A STREET ADDRESS)		019 TA			
· · · · · · · · · · · · · · · · · · ·		E TI			
		Ω			
Enter new mailing address, if applicable:		2 TT			
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>			
s. If amending the registered agent and/or registered off egistered agent and/or the new registered office address here:	ice address on our records, <u>ent</u>	er the name of the			
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A				
	Enter Florida street address				
	", Florida				
	City	Zip Code			

## New Registered Agent's Signature, if changing Registered Agent:

TO TOLICKED ONE LLC

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>	<u>Address</u>	Type of Action
MGR	DANIEL JEAN BAPTISTE	6409 NW 72nd AVE. TAMARAC, FL 33321	<b></b>
			☐ Remove
			Change
MGR	MARIE OCCILE JEAN BAPTISTE CLEMENT	6409 NW 72nd AVE, TAMARAC, FL 33321	Add
			☐ Remove
			Change
MGR	OCCILE CLEMENT		
		6409 NW 72nd AVE, TAMARAC, FL 33321	■ Remove
			Change
			□ Add
			□ Remove
			Change
			☐ Remove
			Change
			☐ Remove
		Accordance in the contract of	Change

				_	<del></del> _			
<del></del>								
				-			·	
							-	
				<u>-</u>				
-						· <u> </u>		
	· ·			<del></del>		<del></del>	· · -	
		<del></del>	<del> </del>	<u>.                                    </u>				<del></del>
_								
							<u>-</u>	
							<del>-, ,,</del>	
ffective	e date, if othe	er than the da	te of filing:	annot by prior t	o date of filing o	r more than 90 d	(optional)	ursuant to 605.020
Note: If	the date insert	ted in this block ate on the Depa	does not me	et the applica	ble statutory fi	ling requireme	nts, this date wi	ll not be listed a
		a delayed e er the record		te, but not	an effective	e time, at 1	2:01 a.m. or	the earlier o
Dated _	July 1	3 Hari		2019	_·			
	U			,	<i>~</i> ,			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00