## LZ1000185702

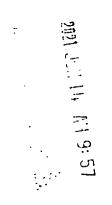
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## **COVER LETTER**

TO: Registration Se Division of Cor			
	ONE LEASING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MICHAEL MELENDEZ		
		Name of Person	
	MELENDEZ VEGA LLC		
		Firm/Company	
	7500 NW 25 ST UNIT 10	05	
		Address	<del></del>
	MIAMI FLORIDA 33122		
		City/State and Zip Code	<del></del>
	jenyhq@gmail.com	to be used for future annual report not	***
		•	incation)
For further information c	oncerning this matter, please co	all:	
MICHAEL MELENDEZ	Z.	305 271-5841 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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 S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co The Centre of	rporations Tallahassee
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONE LEASING LLC
(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Lim	ited Liability Company)	
The Articles of Organization for this Limited Liability Comp.  Florida document number L21000185702	any were filed on 04/21/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	iability Company," the designation "LEC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	5)	2051
		<u></u>
		·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	5
	, Fle	orida
<del></del>	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my duties, an as provided for in Chapter 605, i	d I am familiar with and F.S. Or, if this document is

If Changing Registered Agent. Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	ALBERTO A LUCENTE BRICENO	10739 NW 80 TH LN	
		DORAL FL 33178	□Remove
			Change
			□Remove
			□Adđ
			□Remove
			☐ <b>C</b> hange
			—————————————————————————————————————
			Remove-
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			□Change
			□Add
			□Remove
			□ Change

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Effective date, if other than the	e date of filing:	(optional) ng or more than 90 days after filing.) Pursuant to 605.0207
f an effective date is listed, the date mu Note: If the date inserted in this b	st be specific and cannot be prior to date of filit lock does not meet the applicable statutor	ng or more than 90 days after filing.) Pursuant to 605.0207 ry filing requirements, this date will not be listed as
locument's effective date on the I		
record specifies a delayed effecti d is filed.	ve date, but not an effective time, at 12:01	1 a.m. on the earlier of: (b) The 90th day after the
JUNE 9	2021	
>u.cu	) · · · · · · · · · · · · · · · · · · ·	
•	Signature of a member or authorized represe	

Typed or printed name of signee