

L22 0000162858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

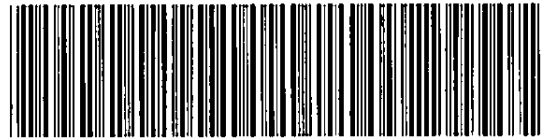
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE

MAR 16 2024

Office Use Only



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09 MAR 2024 14:01:00 -017 +30.00

FILED  
24 MAR -4 AM DE 04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## Cover Letter for Removing a Partner

February 8, 2024

Attention: Registration Section, Division of Corporations

Address: P.O. Box 6327, Tallahassee, FL 32314

Dear Sirs:

I am hereby submitting the necessary documents to remove a partner from the company ONE LIKE MARKETING AGENCY LLC. The name of the partner to be removed is GABRIELA ROMERO.

I have included all required documents as set forth in the rules of the Florida Division of Corporations. If any documents or information are missing, please do not hesitate to contact me at 954-982-3644.

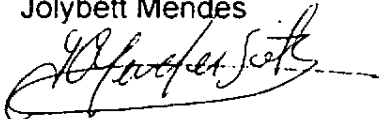
I appreciate your attention to this matter and look forward to your prompt response. The address to receive the response to the submitted documents is as follows:

29942 Gallatin River Ln

Katy, TX 77494

Sincerely,

Jolybett Mendes

A handwritten signature in black ink, appearing to read 'Jolybett Mendes', with a long horizontal flourish extending to the right.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ONE LIKE MARKETING LLC

\_\_\_\_\_  
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:

JOLYBETT MENDES

\_\_\_\_\_  
Name of Person

ONE LIKE MARKETING AGENCY LLC

\_\_\_\_\_  
Firm/Company

29942 GALLATIN RIVER LN

\_\_\_\_\_  
Address

KATY TEXAS 77494

\_\_\_\_\_  
City/State and Zip Code

ONELIKEMARKETING@GMAIL.COM

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

For further information concerning this matter, please call:

JOLYBETT MENDES

954 9823644  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

ONE LIKE MARKETING LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
24 MAR -4 AM 10:04  
TALLAHASSEE, FLORIDA  
CLERK OF STATE

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned  
Florida document number \_\_\_\_\_.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

ONE LIKE MARKETING AGENCY LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9942 GALLATIN RIVER LN

KATY TEXAS 77494

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, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*City*

*Zip Code*

**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, 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

[illegible]

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signer

**Filing Fee: \$25.00**