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(Req	uestor's Name)	
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PICK-UP		MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations

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ONE LEASING AND SALES 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:

HANREMARCELL SURIAN MARONE

Name of Person

ONE LEASING AND SALES LLC

Firm/Company

3501 INVERRARY BEVD

Address

LAUDERHILL, FLORIDA, 33073

City/State and Zip Code

HANREMARCELL@GMAIL.COM

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

For further information concerning this matter, please call;

HANRI MARONI

Name of Person

_ at {_____} _ Area Code ______ Day

Daytime Telephone Number

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 <u>Street Address:</u> 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

[a] [] [] []

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street o	uddress
		Florida
	City	Zyp Coule

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

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

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
MGR	HANRI MARONI	5041 WILES RD 105, COCONUT CREEK, FL 3307	3 ≣Add
			_ 🗆 Remove
			_ 🗆 Change
			_ 🗆 Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Effective date, if oth	er than the date of filing:(optional) d, 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 inser	ted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the late on the Department of State's records.
e record specifies a del rd is filed.	ayed effective date, but not an effective time, at \$12:01 a.m. on the earlier of: (b) The 90th day after the
APRIL, 06 Dated	2022
- <u> </u>	
	Signature of a member or authorized representative of a member
HANRIM	
·	Typed or printed name of signee

Filing Fee: \$25.00