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| | | H2200039436 | 33ABC1 | See from this page. |
| Note: D(| | | D button on your brow another cover sheet. | |
| To: | Division of Fax Number | Corporations : (850)617-63 | 83 | UF STATE |
| From | Account Name | er : 12014000008 : (754)301-21 | 28 | |
| **Enter a | r the email addr Innual report mai | ess for this bus ilings. Enter on | iness entity to be a ly one email address | used for future please.** |
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To: Division of Corporations

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| To: Division of Comorations | Page: 2 of 5 | 2022-11-18 18:15:33 GMT | 19542524650 | From: Juliana dos santos |
|---|--|--|--------------------------|--------------------------|
| | | | H220003 | 943833 |
| | | COVER LETTER | A \$ 6 | ŧ |
| TO: Registration Sect Division of Corpo | | | | |
| ONE LEASE | IG AND SALES LLC | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | |
| The enclosed Articles of A | mendment and fee(s) are sub- | mitted for filing. | | |
| | lence concerning this matter | | | |
| | GILVAM F DOS SANTO | 5 | | |
| | | Name of Person | | |
| | GFS TAX & ACCOUNT | NG SERVICES | | |
| | , <u></u> | Firm/Company | | |
| | 11764 W SAMPLE RD ST | TE 102 | | |
| | | Address | | |
| | CORAL SPRINGS FL 330 | | | |
| | INFO@GFSTAXACCT.CO | City/State and Zip Code | | |
| | - | to be used for future annual repo | n aotification) | |
| For further information cor | cerning this matter, please c | ult: | | |
| GILVAM DOS SANTOS | | 954 957324 | 14 | |
| Name of I | Person | Area Code E | Daytime Telephone Number | |
| Enclosed is a check for the | following amount: | | | |
| 🗇 \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | i) Certified | e of Status & |
| <u>Mailing Address</u> : Registration Se Division of Co P.O. Box 6327 Tallahassee, FI | ction rporations | The Centre 2415 N. M | | 10 |

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ONE LEASING AND SALES LLC | | | 22 NOV | |
|---|--|---|----------------|--------|
| (Name of the Limited Liability Compar (A Florida Limited L | iv as it now appears on our records.) isbility Company) | A S S S S S S S S S S S S S S S S S S S | 8 I V | |
| The Articles of Organization for this Limited Liability Company | were filed on | and ass | i de ed | |
| Florida document aumber <u>L22000074359</u> | | E S TR | ÷. | \cup |
| This amendment is submitted to amend the following: | | | 47 | |
| A. If amending name, enter the new name of the limited liabl | lity company here: | | | |
| The new name must be distinguishable and contain the words "Limited Liabili | ity Company," the designation "LLC" or the | abbreviation "L | .L.C." | - |
| Enter new principal offices address, if applicable: | <u> </u> | | <u> </u> | _ |
| (Principal office address MUST BE A STREET ADDRESS) | | | | _ |
| | | | | - |
| Enter new mailing address, if applicable: | <u></u> | | | - |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | |
| | | | | - |

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

| Name of New Registered Agent: | SANTANA, VANESSA | | | |
|----------------------------------|-----------------------|------------------------|--|--|
| New Registered Office Address: | 3615 NE 207TH St 3115 | | | |
| CALLAN OR CHURCH COMPACT COMPACT | Enter | Florida street address | | |
| | AVENTURA | Florida 33180 | | |
| | 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

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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 Address Type of Action Title <u>Name</u> 200 NE 31ST ST, POMPANO BEACH, FL 33064 MGR SACAVEM, DAIANE DAdd Remove Change MGR SANTANA, VANESSA 3615 NE 207TH St 3115, AVENTURA FL 33180 EAdd Remove Change Add _____ CRemove _____ OChange _____ 🖸 🔤 🔤 🔤 _____ Change _____ 🗆 🗛 dd Remove bbAC _____ _____ DChange

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| fective dat | e, if other than the date of filing: | |
| n effective d | are is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to late inserted in this block does not meet the applicable starutory filing requirements, this date will not be | o 605.020 Histed a |
| ote: II the c current's et | fective date on the Department of State's records. | |
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| | fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day | after th |
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| | Signature of a member or supported representative of a member | |
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not choose if appearant)

Typed or printed name of signee .

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Filing Fee: \$25.00