

MIL 000007677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

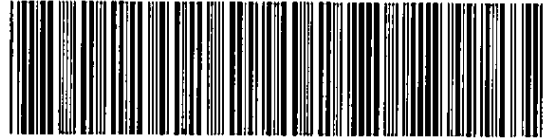
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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2020 OCT -5 PM 5:13

Foreign  
Award

**VOGEL LAW FIRM, PLLC**

**6966 GRIFFIN ROAD**

**DAVIE, FLORIDA 33314**

**(305) 682-4999**

**FAX: (305) 938-5000**

**david@lawofdavid.com**

**F.E.I. #47-5539097**

David Vogel, Esq.

Manager

Fla. Bar No. 151180

October 1, 2020

**SENT BY EXPRESS MAIL TRACKING #9114999944238481633807 TO:**

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

Re: Amendment to Foreign LLC Registration  
Service One Miami, LLC – Document No. M6000007677

Dear Sir/Madam.

Enclosed for processing is the Cover Letter and Application of the above foreign limited liability company to Amend its Certificate of Authority.

The entity is a Delaware LLC, and no similar amendment to the entity's domiciliary registration is required. Accordingly, there is no such certificate enclosed.

We also enclose our firm's check in the amount of \$30.00 for the filing fee (\$25.00) and a Certificate of Status upon completion of the amendment.

Upon review of the enclosed documents, if you need any additional information or documentation, please don't hesitate to contact me.

If possible, would you please email confirmation me at [david@lawofdavid.com](mailto:david@lawofdavid.com) when the amendment registration is completed.

Thank you in advance for your consideration of this request.

Sincerely,

VOGEL LAW FIRM, PLLC



David Vogel, Manager

/dv  
enclosures

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SERVICE ONE MIAMI, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JASON RANDOLPH

Name of Person

SERVICE ONE MIAMI, LLC

Firm/Company

40307 FISHER ISLAND DRIVE

Address

FISHER ISLAND, FL 33109

City/State and Zip Code

jason@randolph1.com

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

For further information concerning this matter, please call:

DAVID VOGEL, ESQ.

at ( 305 ) 682-4999

Name of Person

Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

- ☐ \$25 Filing Fee    ☒ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: SERVICE ONE MIAMI, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M16000007677

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 09/27/2016

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: VOGEL LAW FIRM PLLC

New Registered Office Address: 6966 GRIFFIN ROAD

*Enter Florida Street Address*

DAVIE

*City*

Florida 33314

*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

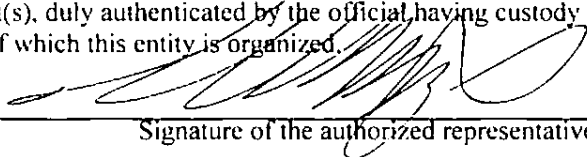
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Removing BLM Trust as Manager, adding Victoria Shorten Randolph and Jason Randolph as Managers

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	VICTORIA SHORTEN RANDOLPH	40307 Fisher Island Dr., Fisher Island, FL 331	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGRM	JASON RANDOLPH	40307 Fisher Island Dr., Fisher Island, FL 331	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGRM	BLM TRUST	1951 NW 7th Ave, Ste 150 #213, Miami, FL 3	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

DAVID M. VOGEL, ESQ.

Typed or printed name of signee

Filing Fee: \$25.00