

(Reque	stor's Name)	
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CÓVER LETTER

	gistration Sec rision of Corp		·				
crib icat.		PROJECT DEVELOPMENT	nc				
SUBJECT:		Name of Limited Liability Company					
The enclosed	d Articles of A	mendment and fee(s) are sub-	mitted for filing.				
Please return	all correspon	dence concerning this matter	to the following:				
		GILVAM F DOS SANTO	5				
			Name of Person				
		GFS TAX & ACCOUNTIN	NG SERVICES				
			Firm/Company] 	
2001 W CYPRESS CREEK RD STE 102 B						2019	
			Address		; — ; 3 • 3	<u>-</u>	****
	FT LAUDERDALE FL 33309					JAN 28	on:
		INFO@GFSTAXACCT.CC	City/State and Zip Code)M			E	-
		E-mail address: (o be used for future annual report notifi	cation)			ξ.
For further in	nformation co	ncerning this matter, please ca	ill:			മ	
GILVAM F	DOS SANTO	os	954 9573244 8t ()				
	Name of	Person		Telephone Number			
Enclosed is a	a check for the	following amount:					
□ \$25.00 F	filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enviosed)	☐ \$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is en	tus &		
	-	NG ADDRESS:	STREET/COURIE Registration Section				

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

WITTONED OF WITHINGTON

ARTICLES OF ORGANIZATION OF

LOYALTY PROJECT DEVELOPMENT LLC

(Name of the Lim	ited Liability Company as (A Florida Limited Liabil	It now appears on our records.) ity Company)	
The Articles of Organization for this Limited I Florida document number <u>L17000131607</u>	Liability Company wen	e filed on 06/15/2017	and assigned
This amendment is submitted to amend the fol	lowing:		
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 Liability Co	ompany," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
			019
Enter new mailing address, if applicable:			
(Mailing address MAX BE A POST OFFICE	: BOX)		70
			13 6 T Jaco
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		address on our records,	enter the name of the new
New Registered Office Address:	3000 NE 190TH ST	# 205	
TY AVEC		Enter Florida street address	
	AVENTURA	, Flori	da 33180
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the proaccept the obligations of my position as registeng filed to merely reflect a change in the company has been notified in writing of this	per and complete per ristered agent as prov registered office add	formance of my duties, and ided for in Chapter 605, F.	l am familiar with and S. Or, if this document is

Page 1 of 3

Signature of New Redistered Agent

or removed	from our records:	*	
MGR = N AMBR = A	Annager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	HEIDI L BYARS	3000 NE 190TH ST #205 AVENTURA FL 33180	Add
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			□ Add
			☐ Remove
			C Change
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			[]Changeo
			□ Add — United Street
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e reco	ve date, if other than the date of ective date is listed, the date must be spell the date inserted in this block doesnt's effective date on the Department's effective date on the Department ord specifies a delayed effective day after the record is	exific and cannot be prior the spot meet the application of State's records the ctive date, but no	cable statutory fili i.	more than 90 days ing requirement	s, this date will i	not be liste	d as
ated_	JANUARY 14	2019					
		/		į			
	Sionati	ure of a member or such	prized representati	ve of a member			
	Signati DANIEL TOLEDO	ure of a member of such	Jan	<u> </u>			
			ted name of signee	<u> </u>			

Filing Fee: \$25.00