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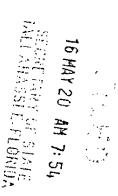
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MAY 23 2016 J SHIVERS

COVER LETTER

	ion Section of Corporations	`	
SUBJECT:	PROJECT S.O.A.R.	uc	
	Name of	Limited Liability Company	
The enclosed Artic	eles of Amendment and fee(s) are	submitted for filing.	
Please return all co	prespondence concerning this ma	atter to the following:	
	MICH	AEL AULBACH	
	<u> </u>	Name of Person	
	PROJE	X CT SOAR LLC	(amit the penads)
		Firm/Company	
	4809	5 N.W. 50th Street	<u> </u>
		Address	
	TAM	1ARAC FLORIDA 38 City/State and Zip Code	3319
	Into@	projectsoar. Us	
	E-mail addro	ess: (to be used for future annual report no	otification)
For further informa	ation concerning this matter, plea	se call:	
Brenda	Aubach Name of Person	at (954) 203 Area Code Dayti	- G 109 ime Telephone Number
	value of 1 erson	Alea Code Days	me respirate ramosi
Enclosed is a check	k for the following amount:		
■ \$25.00 Filing I	Fee S30.00 Filing Fee & Certificate of Statu	S S S S S S S S S S S S S S S S S S S	□ \$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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROJECT S.O.A.	R. LLC	
(Name of the Limited Liability Compar (A Florida Limited L	ay as it now appears on our records. iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 10/23/14	and assigned
Florida document numberL10000129496		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here: (onit th	c pen ads)
PROTECT SOAR LIC		·
The new name must be distinguishable and contain the words "Limited Liability and Contain the words".	ity Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4805 N.W 50th	Street
(Principal office address MUST BE A STREET ADDRESS)	TAMARAC FZ:	33319
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		-
		·
B. If amending the registered agent and/or registered of		er the name of the new
registered agent and/or the new registered office address here)• 4•	
Name of New Registered Agent:		6
New Registered Office Address:		3 3 1:
	Enter Florida street address	20
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		35 25
I hereby accept the appointment as registered agent and agre	e to act in this capacity. I further	agree to comply with the

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_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
	•		☐ Change
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			☐ Change

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Michael Aullerk	ed May 16, 2016.		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00