

L11000116664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

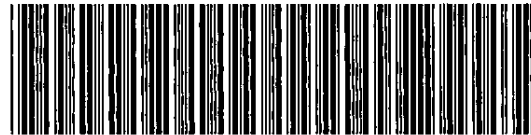
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

2012 JUL -2 AM 8:50

J. SAULSBERRY
EXAMINER

JUL 5 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Project One Group, LLC
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:

Tanya Arteaga

Name of Person

Baur & Klein, PA

Firm/Company

100 North Biscayne Blvd. Suite 2100

Address

Miami, Florida 33132

City/State and Zip Code

trarteaga@gmail.com

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

For further information concerning this matter, please call:

Tanya Arteaga

Name of Person

at (305)

377-3561

Area Code & 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

STREET/COURIER ADDRESS:

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

2012 JUL -2 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Project One Group, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on October 12, 2011 and assigned
Florida document number L11000116664.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

100 North Biscayne Blvd.

Suite 2100

Miami, Florida, 33132

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

100 North Biscayne Blvd.

Suite 2100

Miami, Florida, 33132

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office 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:

Thomas Baur

New Registered Office Address:

100 North Biscayne Blvd. Suite 2100

Enter Florida street address

Miami

Florida

33132

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 608, 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.

Thomas Baur

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MRG	Aris Balanian	3113 Stirling Road, Ste 203 Fort Lauderdale, FL 33312	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Aris Balanian	Rue of Pele 6 B-4950 Walmes-Faymonville Belgium	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Lilliane Marquet	Rue of Pele 6 B-4950 Walmes-Faymonville Belgium	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 05/18/2012


Signature of a member or authorized representative of a member

Aris Balanian
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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