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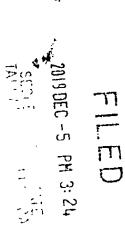
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# **COVER LETTER**

Registration Section

TO:

Division of Cor	porations				
Project Or	ne Group LLC				
SUBJECT:Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Oliver Huttner				
		Name of Person			
	Management Tax Consu	ulting Inc			
		Firm/Company			
	4430 Orchid Blvd Ste 20	020			
		Address	···		
	Cape Coral, FL 33904				
		City/State and Zip Code	<del></del>		
	mtc.florida@gmail.com  F-mail.address: (	to be used for future annual report no	titication)		
For further information of	concerning this matter, please c	·			
Oliver Huttner	,	239 645-4208			
	an .	at ( )			
Name o	f Person	Area Code Daytii	me Telephone Number		
Enclosed is a check for the	he 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		Street Address: Registration S	ection		
Division of Corporations		Division of Co	Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee		
Tallahassee, FL 32314		2410 N. Monr	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

# 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) The Articles of Organization for this Limited Liability Company were filed on  $\frac{10/12/2011}{10/12/2011}$ 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices 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) 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: New Registered Office Address: Enter Florida street address

#### 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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Liliane Marquet	2100 Ponce de Leon Blvd PH5	□Add
		Miami, FL 33134	□Remove
			<b>■</b> Change
<del></del>			
			□Remove
		□Add	
		□Remove	
			Change
		□Add	
		□Remove	
		□Change	
		□Add	
		Remove	
		□Add	
		□Remove	
			□ Change

# Page 2 of 3

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	11/27/2019
(If an effe <u>Note:</u>	tive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	November 25. 2019.
	Min I the
	Signature of a member or authorized representative of a member
	Oliver Huttner - Registered Agent Management Tax Consulting Inc
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00