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COVER LETTER

SUBJECT: Yellow Project Management, 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: TM. Padron Name of Person PEIMAX Premier Associates Firm/Company 2500 Weston Rd. Suite 103 Address Weston, FL 33331 City/State and Zip Code Padron C remax.net Femal address: (to be used for future annual report notification) For further information concerning this matter, please call: J.M. Padron Name of Person at (954) 868 - 5863 Area Code & Daytine Telephone Number Enclosed is a check for the following amount: \$\frac{2525.00 \text{ Filing Fee}}{Certificate of Status} \text{ Certified Copy (additional copy is enclosed)} \[\begin{array}{cccccccccccccccccccccccccccccccccccc	TO: - `Registration Se Division of Cor			•		
Please return all correspondence concerning this matter to the following: The Padron Padron	SUBJECT: Yel	low Project Name of Limit	Management, I	LLC		
TM. Padron Name of Person PEIMAX Prewier Associates Firm/Company 2500 Weston Rd. Suite 103 Address Weston, FL 33331 City/State and Zip Code Padron Person For further information concerning this matter, please call: J.M. Padron Name of Person at (954) 868 - 5863 Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$\frac{\$25.00 \text{ Filing Fee}}{\$255.00 \text{ Filing Fee}} \frac{\$255.00 \text{ Filing Fee}}{\$255.00 \text{ Filing Fee}} \frac{\$250.00 \text{ Filing Fee}}{\$250.00 \text{ Filing Fee}} \$250.0	The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
PE/MAX Prewier Associates Firm/Company 2500 Weston Rd. Suite 103 Address Weston, FL 33331 City/State and Zip Code Padvon Premax. Net [E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: J.M. Padvon at (954) 868 - 5863 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$\frac{\$25.00 \text{ Filing Fee}}{Certificate of Status} \$\frac{\$30.00 \text{ Filing Fee}}{Certificate of Status} \$\frac{\$25.00 \text{ Filing Fee}}{Certificate Copy} (additional copy is enclosed) Certified Copy	Please return all correspo	ndence concerning this matter	to the following:			
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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

(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on or a Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability	Company were filed on	and assigned
Florida document number	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	2013 SE
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," th	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	<u></u>	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad		cords, <u>enter the name of the new</u>
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Flo	orida street address
		Florido
	City	, Florida 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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
mgrm	Jose M. Padron, Jr.	17600 collins Ave.	Xdd
		Sunny Isles Beach, FL 3313	Remove
MGRM	Keepsake Securities Limited	P.O. Box 146	X Add
	· ·	Wickhams Cay Road Town, Tortola, Britist	LRemove Virgin Island
			Add Remove
			Add
			Remove
			Add
			Remove
			_
			_ [_] Add
			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
· A total of three MGRM's to
Gellow Project Management, LLC:
(1) Yellow Project Management
2) Jose M. Padron Jr.
(3) Keepsake Sewrities Limited
Dated September 23rd; 2018
Signature of a member or authorized representative of a member
IM Padron Jr.
Typed or printed name of signee
Page 3 of 3

Filing Fee: \$25.00