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(Requestor's Name)	
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PICK-UP WAIT MAIL	
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(Document Number)	
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COVER LETTER

TO: Registration Se Division of Cor			
Projecs LL SUBJECT:	.C		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Marc Abdelmessih		
		Name of Person	
	Projecs LLC		
		Firm/Company	207
	390 N Orange Avenue, S	uite 2300	TALL TALL
		Address	
			2024 HAR 27 PH 2: 26 SECRETARY OF STATE TAILL AHASSEE. FL
		Challen and The Code	
	Orlando, FL 32801	City/State and Zip Code	2: 2: 2 F
		to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	ail:	
Marc Abdelmessih		909 9186272 at ()	
Name o	f Person		e 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)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Sec	ction
Division of C		Division of Cor	
P.O. Box 632	1.7	The Centre of T	allahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Projecs LLC		
(<u>Name of the Limited Liability (</u> A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Con Torida document number 1.1400000019	npany were filed on 12/31/2013	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
he new name must be distinguishable and contain the words "Limited	I Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
		202 SE
		29 = 1
nter new mailing address, if applicable:		
••		339 -1
<u> Aailing address MAY BE A POST OFFICE BOX)</u>		
		THE SECOND
		2: 2:
 If amending the registered agent and/or registered o gent and/or the new registered office address here: 	ffice address on our records, <u>enter th</u>	e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
			_ 🗆 Add
			_ □Remove
			_ □Change
			_ 🗆 Add
		SECRETAI	Remove 2021 Change
		TARY OF USEE. THE	Remove
			_ 🗆 Add
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, if other than the date of filing:	(optional)
e is listed, the date must be specific and cannot be prior to date of filing or more than 90 ate inserted in this block does not meet the applicable statutory filing requirem	
ective date on the Department of State's records.	
es a delayed effective date, but not an effective time, at 12:01 a.m. on the earl	lier of: (b) The 90th day after
1arch 2024	
Have Alfred	

Filing Fee: \$25.00