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PICK-UP WAIT MAIL
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in.

COVER LETTER

TO:

Registration Section

orations		
ROJECT HOL	DINGS. SOUTH L	ĻC
 Name of Lim 	ited Liability Company	•
Amendment and fee(s) are sub	mitted for filing.	
ndence concerning this matter	to the following:	
· H	AROLO THURESON	J
	Name of Person	·
PROJECT	HOLDINGS Sc Firm/Company	OUTH LLC
116	18 TH ST Sc	out H
ST. PETE	City/State and Zip Code	33712-
E-mail address: (to be used for future annual report noti-	fication)
oncerning this matter, please co	all:	
-T	012	
HURESON	at (1615) 545	Talashuna Numbar
reison	Area Code Daytini	e Telephone (Aumoei
□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
_	Street Address:	
	-	
		•
		e Street, Suite 810
	Amendment and fee(s) are substandence concerning this matter PROJECT II 6 ST. PETE HAL (E-mail address: (concerning this matter, please concerning this matter, please concerning this matter) Person following amount: \$30.00 Filing Fee &	Amendment and fee(s) are submitted for filing. Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: HARCLO THURESON Name of Person

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROJECT HO	LOINES SOUTH	LLC	EP -	1323.EX
	bility Company as it now appear rida Limited Liability Company)	s on our records.)	元 王	ا آ
The Articles of Organization for this Limited Liability		04/07/2014	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the li</u>		ere:		
The new name must be distinguishable and contain the words "L	imited Liability Company," the d	esignation "LLC" or the ab	breviation "L.L.C."	~
Enter new principal offices address, if applicable:	-			-
Principal office address MUST BE A STREET ADI	DRESS)			-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				-
B. If amending the registered agent and/or register agent and/or the new registered office address here		ecords, <u>enter the nam</u>	e of the new registe	red
Name of New Registered Agent:				_
New Registered Office Address:	Enter Flor	ida street address		-
		, Florida		
	City	, x tot tua	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 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>	Address	Type of Action
MGR	CHRISTOPHER BROWN	116 18TH ST S	□Add
		ST. PETERSBURG FL	Remove
•		33712	[] Change
			□Add
			Remove
			□Change
	 		□Add
		 	□Remove
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. erecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed. Dated SEPTEMBER 9 TM , 2020 Hall The Signature of a member or multiorized representative of a member Haroup Thureson		ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Filing Fee: \$25.00