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Office Use Only



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COVER LETTER

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TO: Reg Divi	istration Section 1. sion of Corporations	•		
SUBJECT:	PROYECTOS 1	MC, LLC Name of Limited Liability C	ompany	
The enclosed	Articles of Amendment and for	e(s) are submitted for filing	ng.	
Please return	all correspondence concerning	this matter to the following	ng:	
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	Prov	ECTOS MC L	Dompany Dompany	
	9051	W 3st suit		·
	<u> </u>	City/State ar	•	
	Н-п	nail address: (to be used for fi	MONG TELN OG I	Mail·19m
For further in	formation concerning this mat	ter, please call:	0	
_ JOR	6E LOPEZ Vergo Name of Person	at (3	OS 744 – Ca Code Daytime Tel	4808 ephone Number
Enclosed is a	check for the following amou	nt:		
□ \$25.00 Fi	iling Fee S \$30.00 Filing Certificate	of Status Certifi	Filing Fee & ed Copy nal 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited) (A	Florida Limited L	iability Company)	our records.)	
The Articles of Organization for this Limited Liab Florida document number 114000186	oility Company 5938	were filed on <u>12</u>	05/2014	and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of th	ne limited liabi	lity company here:		
The new name must be distinguishable and contain the word	ls "Limited Liabili	ty Company," the design	ation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)		905W 3 MIAMI,	st suite ; Hanida 33	= 2102 130
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	90 SW 3	3st Suite Lorida 33	#2102
B. If amending the registered agent and/or registered agent and/or the new registered offic			r records, enter t	he name of the new
Name of New Registered Agent:	6ISE	LLE AN	6ARITA	22
New Registered Office Address:	90 SW	13st S Enter Florida si	vite # 2	210-2
	M	City	, Florida	33130 Zip Code
New Registered Agent's Signature, if changing Reg	zistered 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 New Registered Agent

MGR = Ma AMBR = Au	ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JORGE LOPEZ VergADA		6 Add
			Remove
1			Change
lanager	fernando Lopez		Add
	₹	ternando topel	Remove
NEW (nonager Jorge lopez Vergal		☐ Change
Hanager	Jorge lopez Verga	2 <u>A</u>	□ Add
		·	Remove
			Change
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		adecompany to the transfer	© Remove
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			Change
			Add
			Remove
			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:

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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more		
ote: If the date inserted in this block does not meet the applicable statutory filing to cument's effective date on the Department of State's records.	requirements, this date will not be	listed a
e record specifies a delayed effective date, but not an effective tin The 90th day after the record is filed.	ne, at 12:01 a.m. on the ea	arlier o
aabclasti		
ated 02/15/20/6, Signature of a member or authorized representative of		
' '		
V 2015 (\00007 \)		

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Filing Fee: \$25.00