<u> Elorida</u> Department of State

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To:

Division of Corporations

Fax Number

; (850)617-6383

From:

: ALVAREZ, SUAZO & ASSOCIATES Account Name

Account Number : I20130000076 Phone : (305)388-7028

Fax Number . : (305)479-2705

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AM PROJECT GROUP LLC

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Electronic Filing Menu

Corporate Filing Menu

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	AM PROJECT GROUP LLC		
(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited I	Liability Company were filed on	04/28/2015	and assigned
Plorida document numberL15000074952	·	•	
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name (of the limited liability company h	ere:	
√A.			
he new name must be distinguishable and contain the	words "Limited Liability Company," the d	lesignation "LLC" or the	abbreviation "L.L.C."
inter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
	C _k I		APR
nter new mailing address, if applicable:	, ,		20
Mailing address MAY BE A POST OFFICE	ROX)		O 52.7 M
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			9
I. If amending the registered agent and egistered agent and/or the new registered of	or registered office address on ffice address here:	our records, ente	r the name of the
Name of New Registered Agent:	N/A	<u> </u>	
New Registered Office Address:			
	Enter Flor	ida street address	
		. Florida	
	Cliv		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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ALEJANDRA ABRAHAM	7951 RIVIERA BLVD	
		SUITE 210	□ Remove
		MIRAMAR, FĹ 33023	☐ Change
			Add
			□ Remove
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		;;C	□ Remove
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Fa-4500 #-4- 16-45-00		(g:	filing or more than 90 day	(optional) 's after filing.) Pursuant to ts, this date will not be	605.0207 (3)(listed as the
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te: If the date inserted cument's effective date record specifies a he 90th day after	in this block does not on the Department of delayed effective the record is filed	meet the applicable state State's records. date, but not an eff		:01 a.m. on the ea	arlier of:
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