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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MARTIT CANCID JOHNSON P.A.

Account Number : 120160000073 Phone : (305)967-6329 Fax Number : (305)470-7453

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ARCH PROJECTS & DESIGN, LLC

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COVER LETTER

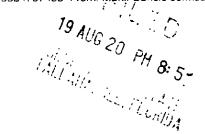
TO: Registration Section Division of Corporations
SUBJECT: ARCH PROJETS & DESIGN, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Marie of Person
Havil: Cancio Jonhyon PA
1395 Brickell Av. Suit 650
Miani/FC 33131
City/State and Zip Code Would Caulin Quelaw. Com E-mail address: (to be used for future annual report positionation)
For further information concerning this matter, please call:
Name of Person Name of Person Name of Person Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone (some)
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee U \$30.50 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



The Articles of Organization for this Limited Liability Company were filed on 62 18 2016 and assigned Florida document number 2160000 40115 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Myrna Porcard Dasians L.L.C.

The new name thus be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 (itle, name, and address of each person, being added or removed from our records:

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