Division of Corporations

Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H160002890023ABC

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PAUL SALVER, P.A.

Account Number : 120020000087 Phone : (954)389~1333

Fax Number

: (954)389~1397

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

| Email | Address: | • |      |
|-------|----------|---|------|
|       |          |   | <br> |

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 9530 PROJECT, LLC

| Certificate of Status | 1       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 03_     |
| Estimated Charge      | \$30.00 |

D. SCOTT

NOV 28 2016

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Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 9530 PROJECT, LLC  |  |   |          |
|--|--|---|----------|
| (Name of the Limited Liability Company as it non ague<br>(A Floridg Limited Liability Company  | nes on our revords.)                                   |   |          |
| The Articles of Organization for this Limited Liability Company were filed on 4 Florida document number <u>L16000074094</u> .  | 1/14/16  | _ and assigned  |          |
| This unendment is submitted to amend the following:  |  |   |          |
| A. If amending name, enter the new name of the limited liability company   | here:  |   |          |
| 9540 PROJECT, LLC  |  |   |          |
| The new pome must be distinguishable and contain the words "Limited Liabillty Company," the  | designation "LLC" or the obbre                         | vintion "L.U.C."  |          |
| Enter new principal offices address, if applicable:  |  | <del></del>   |          |
| (Principal office uddress MUST BE A STREET ADDRESS)  |  |   |          |
| -  |  |   | ,        |
| Enter new mailing address, if applicable:  |  |   | -        |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |   |          |
|  |  |   | ,        |
| B. If unrending the registered agent and/or registered office address of registered agent and/or the new registered office address here:   | on our records, <u>enter th</u>                        | e name of the n   | iew      |
|  |  | TAS: 16   |          |
| Name of New Registered Agent:  |  | <del>LS S</del>   |          |
| New Registered Office Address:   |  | <u> </u>  | <u> </u> |
| Enter F  | lorido street ichlress                                 | 23<br>SSE   | 1        |
| City   | , Florida  | Zurrada.  | ·C       |
| New Registered Agent's Signature, if changing Registered Agent:  |  | 1000<br>1000<br>1000<br>1000<br>1000<br>1000<br>1000<br>100 |          |
| I hereby accept the appointment as registered agent and agree to act in this provisions of all statutes relative to the proper and complete performance accept the obligations of my position as registered agent as provided for in heling filed to merely reflect a change in the registered office address, I here company has been notified in writing of this change. | of my duties, and I am fai<br>Chapter 605, F.S. Ov. if | niliar with and<br>This document is                         | 'he      |
| If Chamalan Uniterval  | Arrant Sianutupa of New Routi                          | terrel Auth   |          |

MGR = Manager

If amending Authorized Person(s) authorized in manage, enter the title, name, and address of each person being added or removed from our records:

| AMBR = A | Authorized Member |           |  |
|----------|-------------------|-----------|--|
| Title    | <u>Name</u>       | Address . | Type of Action   |
|          |                   |           | □ Add  |
|          |                   |           | Remove   |
|          |                   |           | C Change   |
|          |                   |           |  |
|          |                   |           | □ Remove   |
|          |                   |           | □ Change   |
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|          | ·                 |           | □ Remove   |
|          |                   |           | TALLAND F  |
|          |                   |           | AM D T COMMON TO THE COMMON TO |
|          |                   |           | - Sections Co.   |
|          |                   |           |  |
|          |                   |           | Remove   |
|          |                   |           | Change   |

| Effective date, if other than the date of filing:  (I) in difference there is listed, the date must be specific and cannot be prior to date of filing or more than 90 thay other filing. Providing statistically assigned to Morell. If the date instruct in this block does not meet the applicable statutory filing requirements, this date will date to fisted as the document's effective date on the Department of State's records.  (b) The 90th day after the record is filed.  (b) The 90th day after the record is filed.  (c) Dated (11-23-16)   | If amending any other information, enter change(s) here: (Attach odditional sheets, if necessary.)   |
|--|--|
| His effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and control be prior to date of filing or more than 90 days after filing.) Pursuange 605,0007 (3xd Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fisitely shall document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  Dated 11-23-16  Dated 11-23-16                       |  |
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| Y H  |  |
| X  | Dated 11-23-16 W   |
|  | X 4X   |
|  | Signature of a member or anthorized representative of a member   |
| VANESSA PIEDRAHITA  Typed or printed name of Signee  |  |

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Filing Fee: \$25.00