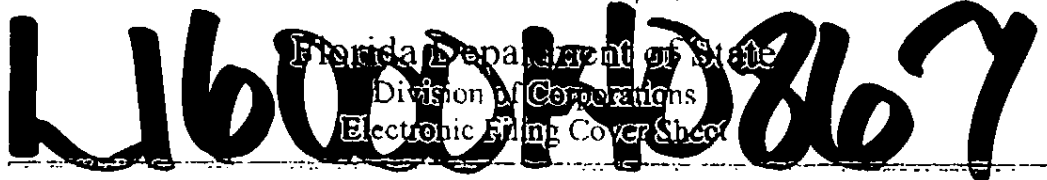


6/10/2019

Division of Corporations



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.

(((H19000182250 3)))



H190001822503ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TORRES & VADILLO, LLP
Account Number : I20150000038
Phone : (305)485-9700
Fax Number : (305)436-0191

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

Email Address: corporations@svlawus.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TWENTY THREE PROJECT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

T GLASS ^{Help}

JUN 11 2019

H19000182250 3.

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TWENTY THREE PROJECT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/27/2016 and assigned
Florida document number L16000140867

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must 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:

SANCHEZ VAULLLO LLP

New Registered Office Address:

11402 NW 41ST STREET SUITE 202

Enter Florida street address

DORAL

_____, Florida 33178

City

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

H19000182250 3

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>	<u>Type of Action</u>
MGR	RIERA, RICARDO	175 SW 7 St	<input type="checkbox"/> Add
		Suite 2309	<input checked="" type="checkbox"/> Remove
		Miami, FL 33130	<input type="checkbox"/> Change
MGR	RODRIGUEZ, VICTOR	175 SW 7 ST	<input type="checkbox"/> Add
		SUITE 2309	<input checked="" type="checkbox"/> Remove
		Miami, FL 33130	<input type="checkbox"/> Change
MGR	AYOUB, GEORGE	175 SW 7 ST	<input checked="" type="checkbox"/> Add
		SUITE 2309	<input type="checkbox"/> Remove
		Miami, FL 33130	<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Typed or printed name of signee