

L16000214382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

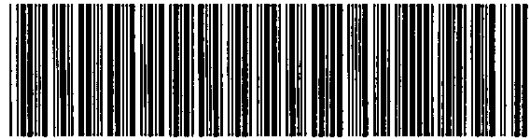
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KMA PROJECT DEVELOPER 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:

MANUEL PRADAS

Name of Person

GAM SERVICES

Firm/Company

1820 N CORPORATE LAKES BLVD SUITE 206-10

Address

WESTON, FLORIDA 33326

City/State and Zip Code

MP.GAMSERV@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MANUEL PRADAS

954 217 0223
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(additional 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**

KMA PROJECT DEVELOPER 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 11/23/2016 and assigned Florida document number L16000214382.

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:

New Registered Office Address:

Enter Florida street address

Florida

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

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	ANTONIO MILAN FEJOO	7956 NW 107 AVE	<input type="checkbox"/> Add
		BLDG 3 SUITE 816D	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33178	<input type="checkbox"/> Change
MGR	KEVIN MEILAN AKKARI	7956 NW 107 AVE	<input type="checkbox"/> Add
		BLDG 3 SUITE 816D	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33178	<input type="checkbox"/> Change
MGR	OPTI HOLDING CORP	8015 SE 107 th ST SUITE 314	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33173	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JADE 816 LLC	7956 NW 107 AVE	<input checked="" type="checkbox"/> Add
		BLDG 3 SUITE 816D	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33178	<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

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 THE SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

Multiple horizontal lines for amending information.

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FILED
DEPARTMENT OF STATE
RECORDS

E. Effective date, if other than the date of filing: _____ (optional)

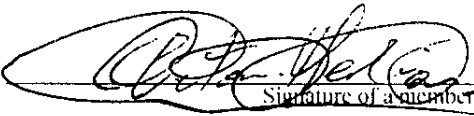
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated FEBRUARY 2nd, 2017



Signature of a member or authorized representative of a member

ANTONIO MEILAN

Typed or printed name of signee