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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To:		LARE 3
	Division of Corporations	ララー
	Fax Number : (850)617-6383	SSE
From:		河 子
	Account Name : ACCOUNT BOOKKEEPING CORP	For contraction
	Account Number : I20120000055	97
	Phone : (407)898-1757	25 25
	Fax Number : (407)897-5336	9

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

Email /	Address					
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Electronic Filing Menu

Corporate Filing Menu

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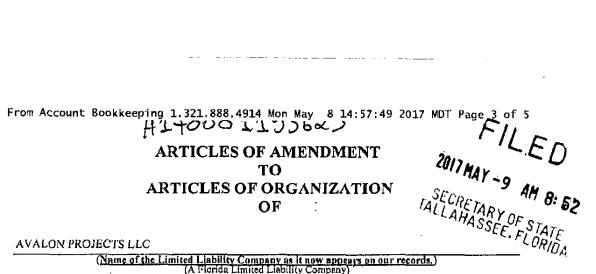
From Account Bookkeeping 1.321.888.4914 Mon May 8 14:57:49 2017 MDT Page 2 of 5 +170001193623

COVER LETTER

SUBJECT:		PROJECTS LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspor	ndence concerning this matter	to the following:	
		RENATO EUGENIO	****	
			Name of Person	
		ACCOUNT BOOKKEEPI	NG CORP	
			Firm/Company	
		5301 CONROY ROAD ST	ΓΕ 140	
			Address	
		ORLANDO, FL 32811		
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	Name of Limited Liability Company stelosed Articles of Amendment and fee(s) are submitted for filling. return all correspondence concerning this matter to the following: RENATO EUGENIO Name of Person ACCOUNT BOOKKEEPING CORP Firm/Company 5301 CONROY ROAD STE 140 Address ORLANDO, FL 32811 City/State and Zip Code CONTROL@ABKCORP.COM E-mail address: (to be used for future annual report notification) rther information concerning this matter, please call: NTO BUGENIO Name of Person Aren Code Daytime Telephone Number ed is a check for the following amount: 5.00 Filling Fee Certificate of Status & Certificate			
		E-mail address: (to be used for future annual report notif	lication)
For further i	nformation co	ncerning this matter, please or	all;	
RENATO E	UGENIO		,	
	Name of	Person		Telephone Number
Enclosed is	a check for the	e following amount:	No.	
\$25.00 E	illing Fee			
		Certificate of Status		

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



(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 w Florida document number L17000024574	were filed on 01/31/2017 and assigned	,
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limited liabili	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty 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 malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Chy Lip 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 heing 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

Page 1 of 3

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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

Title	Name	<u>Address</u>	Type of Action
MGR	MARCELO SOARES PINHEIRO	5341 DIAZ PLACE,	
		JACKSONVILLE, FL 32210	□ Remove
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Effective date, if other than the date of filing: (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)(1) 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 04/24/2017
Hali-
Signature of a member or authorized representative of a member

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