<u>L17000184931</u>

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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S. WARREN MAR 1 4 2016



February 9, 2018

FAYE BELLAMY PROJECT 69 LLC 2213 9TH LANE NE WINTER HAVEN, FL 33881

SUBJECT: PROJECT 69 LLC Ref. Number: L17000184931

We have received your document for PROJECT 69 LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 118A00002867

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

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OLIN LEZYP	Proceek 69 L	LC	
SUBJECT:	BJECT: Project 69 LLC Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filing. asse return all correspondence concerning this matter to the following: Tayo Bellamy Name of Person Project 69 LLC Final Company 32/3 9th Lang N.E. Address Line Mark Mark FL 33 88/ City/State and Zip Code Taylog 1969 @ wol.com E-mail address: (to be used for future annual report notification) r further information concerning this matter, please call: Tayo Bellamy Name of Person at (363) Daytine Telephone Number		
The enclosed Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	Tage.	Bellaney	
		Name of Person	
	Pu	oject 69 LLC	
	22/3 9	an Lune, N.E.	
	Win	the Hover, FL 33	88/
	E-mail address: (6 1969 @ ao/- (o-	fication)
For further information co	oncerning this matter, please ca	all:	
Funt &	se 1/may	11863 604	- 73 4 8
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
S25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
		•	

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

Peoie +	69 LLC	
(Name of the Limited Liability (A Florida I	Company as it now appears imited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Co		_
		Trugues / 30, 36 and assigned
Florida document number <u>~//200/8493/</u>	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company her	<u>'e</u> :
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRI	<u> </u>	
		
Enter new mailing address, if applicable:	 	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe	ered office address on	our records, enter the name of the new
registered agent and/or the new registered office addr		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flori	da street address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered	·	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered	nd agree to act in this c implete performance of . ent as provided for in C	ny duties, and I am familiar with and hapter 605, F.S. Or, i <u>f t</u> his document is
company has been notified in writing of this change.		FILE MAR 14 CRETARY LAHASSE
	If Changing Registered Ag	ent, Signature of New Registered Agent
	Page 1 of 3	ORIE

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager'
AMBR = Authorized Member

<u>Title</u>	Name	(B/, L) 15	Address	Type of Action
	Ashand.	Bloss +	28 CORSAIR CIRCLE	
			Address 28 CORSA: R CIRCLE F.J. WENTHORTH, 6A 314	B Remove
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ffective date, if other t	han the date of filir	ng:		(option	nal)	
an effective date is listed, the ote: If the date inserted	e date must be specific ar in this block does not	nd cannot be prior to meet the applicabl	date of filing or more e statutory filing re	than 90 days after t equirements, this	iling.) Purs date will i	not be listed
ocument's effective date	on the Department of	State's records.				
e record specifies a	delayed effective	date, but not a	n effective tim	e, at 12:01 a.	m. on t	he earlie
The 90th day after	the record is med					
and the same	/ a a=					_
ated Makest 4	20/8	•	•			= -₹
	Jan M					AR TI
ated March 4	Signature of a	member or authoriz	ed representative of	n member	<u> </u>	<u>- </u>
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Page 3 of 3

Filing Fee: \$25.00