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ORETARY OF STATE LAHASSEE, FLORID

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 37 Project Ranade ing, 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:
Carlos Gomaz Name of Person
37 Project Ramadaling, LLC
2050 Beacon Landing Cr
Orlando, FL. 32824 City/State and Zip Cook
E-mail-aldress: (to be used for luture about report notification)
For further information concerning this matter, please call:
Caylos Gomaz at (407) 457-2943 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$\subset} \te
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

37 Project Rama	daling				
(Name of the Limited Liability Compa (A Florida Limited I	iny ay it now appears on Liability Company)	our records.)			
The Articles of Organization for this Limited Liability Company	were filed on _O\	30/18 and assigned			
Florida document number <u>U180000 26861</u>		· · · · · · · · · · · · · · · · · · ·			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
		- 10 18			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company." the design	nation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)		ुं अ			
		OR IE			
Enter new mailing address, if applicable:		7 7			
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r records, enter the name of the no			
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 agro- provisions of all statutes relative to the proper and complete					

If Changing Registered Agent, Signature of New Registered Agent

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.

or removed from our records: MGR = Manager AMBR = Authorized Member Name Address Type of Action Title AMBR Haurieio Garcia 10021 Portofino Dr Orlando, Fl. 32832 ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change 亩 Co Chango ☐ Remove _□ Change □ Add ☐ Remove □ Change ☐ Add ☐ Remove

· If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

□ Change

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		Signatu	i <u>fl</u> g ðf a membe	r or authorized re	presentative of a	member		
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Filing Fee: \$25.00