1800222685

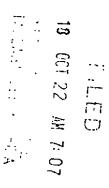
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Čit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



000319811780

10/22/18--01025--008 **25.00



O SIMMONS HOV 0 1 2018

COVER LETTER

PROJECT SUBJECT:	ONE RENOVATIONS LLC					
SOBJECT:	Name of Limi	ted Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	BRANDON BLACK					
		Name of Person				
	PROJECT ONE RENOVA	TIONS LLC				
		Firm/Company				
	5140 PICADILLY CIRCUS COURT					
		Address				
	ORLANDO, FL 32839 City/State and Zip Code					
	BRANDONBLACK67@G					
		to be used for future annual report notifi	calton)			
For further information of	concerning this matter, please ca	ill:				
BRANDON BLACK		407 490 - 614	9			
Name (of Person	at () Area Code Daytime	Telephone Number			
Enclosed is a check for t	he 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)			
MAII	ING ADDRESS:	STREET/COURI	ER ADDRESS:			

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROJECT ONE RENOVATIONS LLC

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed onSEPTEMBER 19, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	N T
Enter new mailing address, if applicable:	
(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	
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	. Florida City Zip Code
San David and American State of the Control of the	•
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agrophenisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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>	Type of Action
MGR	CARLOS J. OCASIO		
		5140 PICADILLY CIRCUS	
		COURT ORLANDO, FL 32839	■ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Remove 22 T
			~ ☐ Change ☐
			
			Remove
		<u>-</u>	☐ Change
			□ Remove
			Change
			□ Remove
			☐ Change

				••		_ 	
		· · · · · · · · · · · · · · · · · · ·					
							
					<u></u>		
							<u> </u>
			·				· 6
	· · · · · · · · · · · · · · · · · · ·	**************************************					<u> </u>
							<u></u>
				·			7:07
						·-	<u>.</u>
							
							
E. Effective da	te, if other than t	he date of fili	ing:			(optional)	,
(If an effective of Note: If the	ate is listed, the date r date inserted in this ffective date on the	nust be specifie a block does no	and cannot be pr t meet the app	licable statutor	ig or more than 90 y filling requiren	days after filing	 Pursuant to 605.0.
	pecifies a delay day after the r			not an effec	tive time, at	12:01 a.m.	on the earlier
Dated							
		1					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00