118000 266392

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
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COVER LETTER

TO:	Registration Sec Division of Corp			
eunt		PROJECTS LLC		
SUBJ	ECT:	Name of Limi	ited Liability Company	
		Amendment and fee(s) are sub- indence concerning this matter	-	
ricasc	return an correspon	ANA CAROLINA BATAI		
		BATALHA PROJECTS LI	Name of Person LC	
			Firm/Company	
		9343 PECKY CYPRESS V	Address	
		ORLANDO FL 32836		
		CAROL_AC@HOTMAIL.		
For fu	rther information co	E-mail address: (to oncerning this matter, please ca	o be used for future annual report notifi til:	cation)
	CAROLINA BATA	_	407 3004007	
	Name of	Person	at () Area Code Daytime	Telephone Number
-Enelog	sed is a check for th	e following amount:		
\$2	5.00 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

2019 JAN LU A II: 12 BATALHA PROJECTS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) AND AND SELECTION AND A The Articles of Organization for this Limited Liability Company were filed on $\frac{11/14/2018}{11/14/2018}$ Florida document number <u>L18000266392</u> 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 "LLC." 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

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.

Cinv

If Changing Registered Agent, Signature of New Registered Agent

___, Florida ___

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
AMBR	KATIA VILELA DUARTE BATALHA	9343 PECKY CYPRESS WAY ORLANDO FL 32836	Add
			Remove
			☐ Change
			□ Add
			Remove
			Change
		Add	
			☐ Remove
			Add
			Remove
		-	□ Change
		Remove	
		□ Change	
			O Add
			□ Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
•	
: Effect	tive date, if other than the date of filing: (antional)
Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	ORLANDO FL JAN, 01 2019
	Signature of a member or authorized representative of a member
	ANA CAROLINA BATALHA TORRES

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00