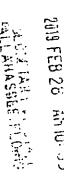
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(Requestor's Name)	
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PICK-UP WAIT	MAIL
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## **COVER LETTER**

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

	PROJECTS, LLC		29
SUBJECT:	Name of Lim	ited Liability Company	THE FEB CO
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	FILL ATTASSACE
Please return all correspondent	ondence concerning this matter	to the following:	7.
	Brian A Sturdivant		
	Z AND B PROJECTS, LL	Name of Person	
	2854 Stags Leap Dr.	Firm/Company	<del></del>
	Orange City, FL. 32763	Address	
	zackandbrian@yahoo.com	City/State and Zip Code	
For further information	E-mail address: ( concerning this matter, please or	to be used for future annual report notifiall:	ication)
Brian Sturdivant		386 561-3392 at ( )	
Name	of Person		e Telephone Number
Enclosed is a check for t	the 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)
Regist Divisi	ANG ADDRESS: tration Section on of Corporations Box 6327	STREET/COURI Registration Section Division of Corpor Clifton Building	n

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) A ( ) ( ) ( )

Z AND B PROJECTS, LLC

2019 FEB 28 AH 10: 59

(7) Horida Em	inica ciabinty Company)	MILL APASSES	. F ( (1843 -
The Articles of Organization for this Limited Liability Com	pany were filed on 11/19	9/2018	and assigned
Florida document number 1.18000269156			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company here	2	
he new name must be distinguishable and contain the words "Limited	Liability Company." the desi	gnation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES			
Enter new mailing address, if applicable:	<u> </u>		·
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere registered agent and/or the new registered office address  Name of New Registered Agent:		an records, cuter of	ne mane of the
New Registered Office Address:	Enter Florida	u stre <del>et</del> address	<del>, , ,</del>
	, Flo		
	City		Zip Code
New Registered Agent's Signature, if changing Registered A	gent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of m et as provided for in Ch	y duties, and I am fa apter 605, F.S. Or, i	miliar with and f this document i
Ţ.	f Changing Registered Agen	nt. Signature of New Reg	istered 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>	Name	<u>Address</u>	Type of Action
MGR	Brian Sturdivant	2854 Stags Leap Dr. Orange City, FL. 32763	
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			Change
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		<del></del>	☐ Remove
			☐ Change
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			Remove
			☐ Change
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lf an eff <u>Note:</u>	ive date, if other than the date fective date is listed, the date must be so If the date inserted in this block content's effective date on the Department's	specific and cannot be prior to dat does not meet the applicable s	c of filing or more than 90 days after filir tatutory filing requirements, this day	ng.) Pursuant to 605,0207
ne red The	cord specifies a delayed eff 90th day after the record	fective date, but not an is filed.	effective time, at 12:01 a.m	. on the earlier of
D-1-3	2/25/2019		1,	
Dated			Tellen	
	Sign	nature of a member or authorized	representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00