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(Requesto	r's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
Certified Copies	Certificates of Status
Special Instructions to Filing (Officer:

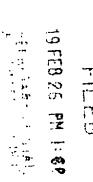




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COVER LETTER

	Registration Ser Division of Cor		.	
SUBJEC		PROJECT LLC		
BODGEC		Name of Lim	ited Liability Company	
The enclo	osed Articles of a	Amendment and fee(s) are sub	mitted for tiling.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		PEDRO AJAJ		
		ARA 8877 PROJECT LLC	Name of Person	
		780 NW 42nd Ave. Suite 1	Firm/Company	
		Miami, Fl. 33126	Address	
		pedro.ajaj@hotmail.com	City/State and Zip Code	
For furth	er information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notifull:	ication)
Joseph D	Duarte		305 456-3877 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne following amount:		
■ \$25.0	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, F1, 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

mpany as it now appears on our records.) ted Liability Company)	
any were filed on February 5, 2019	and assigned
liability company here:	
iability Company," the designation "LLC" or th	e abbreviation "L.L.C."
3)	
	
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	ter the name of the new
	
For an UL with some of a Discour	
, Florida	Zip Code
	d office address on our records, enthere: Enter Florida street address Florida

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. Thereby confirm that the limited liability company has been notified in writing of this change.

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>	Address	Type of Action
MGR	AJAJ BACHOUR, ANTONIO	780 NW 42nd Ave. Suite 10	
			\B Add
		Miami, FL 33126	☐ Remove
			□ Change
			Remove
			Change
			□ Remove
			□ Change
			Remove
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ective date, if other than the effective date is listed, the date mus	date of filing: the specific and cannot	be prior to date of filing	or more than 90 days :	ptional) ifler filing.) Pursuant to 605.0
e: If the date inserted in this blo ument's effective date on the Do	ock does not meet the	applicable statutory	filing requirements.	this date will not be listed
differs a effective date of the 125	partition of trace of	ee or day		
record specifies a delayed	effective date, t	out not an effecti	ve time, at 12:0	1 a.m. on the earlie
he 90th day after the rec				
February 14	2019)		
ed		<u> </u>		
	Montant.			
	Signature of a member.	<i>yfdig<u>(//bioj()</u> y</i> r anglañzed tepresen	tative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00