K19000081172

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COVER LETTER

TO:

	tration Sect on of Corpo			
	C GLOBAL	PROYECTS LLC		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed A	nicles of A	mendment and fee(s) are sub	mitted for filing.	
Please return al	l correspond	dence concerning this matter	to the following:	
		MANUEL A. LINARES		
			Name of Person	
		LC GLOBAL PROYECTS	SLLC	
			Firm/Company	
		2300 NW 83rd Ave,		
			Address	
		Sunrise, FL 33322		
		-	City/State and Zip Code	
		manuel1994ve@gmail.com		
		E-mail address: (to be used for future annual report n	otification)
For further info	rmation cor	ncerning this matter, please ca	all:	
Manuel A. Lina	ares		786 6026040 at ()	
	Name of I	oason a son		ime Telephone Number
Enclosed is a cl	heck for the	following amount:		
■ \$ 25,00 Fili	ng 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)
	ng Address:		Street Address:	Continu
_	stration Se ion of Co	rporations	Registration S Division of C	
	Box 6327	•	The Centre of	•
Talla	hassee, Fl	₋ 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

manuel1994ve@gmail.com

2021-0EC -0 Pit 4: 1:

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida document number L19000081172 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." 2300 NW 83rd Ave, Sunrise, FL 33322 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 2300 NW 83rd Ave, Sunrise, FL 33322 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 registere 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.

City

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Manuel Linares Regueiro	2300 NW 83rd Ave, Sunrise, FL 33322	
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Effective	e date, if other than the cive date is listed, the date must	late of filing: be specific and cann	ot be prior to date of hi	ling or more than 90 days	optional) after filing.) Pursuant to	605.0207 (
	the date inserted in this blo t's effective date on the De			ory filing requirements	s, this date will not be	listed as
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