L19000 276553

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JAN 3 0 2020 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corpor		*	
SUBJECT:	M PROJECT	LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of Ame	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	Dege	ANDRES CASTE	20
		Name of Person	<u> </u>
		P. 70	
	\ 11	Firm/Company	
	12 W HX	AllANDALE BCH BI	vd
	.1		
-	HALLAI	NOALE FL 330 City/State and Zip Code	<u> </u>
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Conformation Conformation		to be used for future annual report notifi	cation)
For further information conce	-	aii:	
DEGE ANDRES (CASTRO	at (<u>305</u>) 510 · 7	Talanhana Number
J .valine v. rei	a seni	Area Code Dayline	retephane sunner
Enclosed is a check for the fo	ollowing amount:		
S25.00 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 Sect	tion	Street Address: Registration Sec	tion

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

0 M Project, l	_L C	202
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears oп our records.) olity Company)	
The Articles of Organization for this Limited Liability Company we	ere filed on 11/06 / 201	19 and assigned 17
Florida document number <u>L 19000 276553</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
OM Project, LLC	<u>_</u>	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
_		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
-	-n	
B. If amending the registered agent and/or registered office add	lress on our records, enter the r	same of the new registered
agent and/or the new registered office address here:	<u> </u>	or the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe	to act in this capacity. I further rformance of my duties, and La	agree to comply with the im familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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.

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Remove
			□Change

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`an effe <u>{ote:</u>	we date, if other than the date of filing: 11/05/2019 (optional) citive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.
e reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed. \bigwedge
ated _	December 27) 2019
	WW/I
	Signature of a plember or authorized representative of a member

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Filing Fee: \$25.00