## L22000178854

(Req	uestor's Name)	
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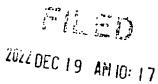
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236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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1.		ABUBUNZ PROJECT (CORPORATE NAME AND DOCUME				 ·
2.		(CORPORATE NAME AND DOCUME	ENT #)			 
3.		(CORPORATE NAME AND DOCUME	ENT #)		<del></del>	
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ABUBUNZ PROJECT LLC			States as
(Name of the Limite	d Liability Compa A Florida Limited	iny as it now appears on our records.) Liability Company)	Stational State of the state of
The Articles of Organization for this Limited Lie Florida document number L22000178854	ability Company		and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
	- "		
The new name must be distinguishable and contain the wo	rds "Limited Liabil	ity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	8611 Bonaire Bay Lane #303	
(Principal office address MUST BE A STREET ADDRESS)		Tampa, FL 33614	
Enter new mailing address, if applicable:		8611 Bonaire Bay Lane #303	
(Mailing address MAY BE A POST OFFICE BOX)		Tampa, FL 33614	
B. If amending the registered agent and/or req agent and/or the new registered office address	gistered office a here:	ddress on our records, <u>enter the</u>	e name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	8611 Bonaire B	ay Lane #303	. —
		Enter Florida street address	
	Tampa	, Floric	la <u>33614</u>

## 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.

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
AMBR	BILLY PRASETIO	8611 Bonaire Bay Lanc #303	□Add
		Tampa, FL 33614	_
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