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COVER LETTER

TO:

TO: Registration Se Division of Cor			
	PROJECTS LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	MEYLING OBANDO		
		Name of Person	
		Firm/Company	
	11229 SW 246 ST		° d - dr
		Address	
	HOMESTEAD, FL 33032		
		City/State and Zip Code	
	TINOCOMEYLING @HO	TMAIL.COM to be used for future annual report not	fication)
For further information c	oncerning this matter, please c	,	
MEYLING OBANDO		786 280-0429	
Name o	f Person	Area Code Daytin	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Con	
P.O. Box 632		The Centre of 7	
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TINOCO'S PROJECTS ELC		
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 04/15/2022 	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	——————————————————————————————————————
		<u>~</u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florid	la.
	, Florid	Zip Code

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	MEYLING OBANDO	11229 SW 246 ST, HOMESTEAD, FL 33032.	□Add
			□ Remove
			\BChange
			□Remove
			Change
			□ Add
			— □ Renderve
			□Add
			C C C C C C C C C C C C C C C C C C C
			Change
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n effective date is listed, the date mu	ne date of filing: Sust be specific and cannot be prior to date of polock does not meet the applicable state of Department of State's records.	of filing or more than 90 days after filin	g.) Pursuant to 605.020'
	ive date, but not an effective time, at 1	2:01 a.m. on the earlier of: (b)	he 90th day after the
	ive date, but not an effective time, at i		
ecord specifies a delayed effecti is filed. ited MAY 27	2022 .		