Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L23000479437

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : RC TAX SERVICE LLC
Account Number : I20140000083
Phone : (407)932-0040
Fax Number : (407)520-5473

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LAND AND PROJECT INVESTMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: LAND AND PROJECT INVESTMENT LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SANDOVAL BARRIGA, FELIPE O
Name of Person

LAND AND PROJECT INVESTMENT LLC
Firm/Company

9989 SHADOW CREEK DR
Address

ORLANDO, FL, 32832
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

SANDOVAL BARRIGA, FELIPE O at (407) 820-9135
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☑ $25.00 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, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

LAND AND PROJECT INVESTMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/18/2023 and assigned Florida document number L23000479437.

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 "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

1810 WHARFSIDE LN APT F1201
CELEBRATION, FL, 34747

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1810 WHARFSIDE LN APT F1201
CELEBRATION, FL, 34747

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TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: SANDOVAL BARRIGA, FELIPE O

New Registered Office Address: 1810 WHARFSIDE LN APT F1201
Enter Florida street address

CELEBRATION, Florida 34747
City *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.

Firmado por

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

Title	Name	Address	Type of Action
AMBR	ESTEVEZ PINZON, FABIAN	16140 MANGROVE RD	☐ Add
		WINTER GARDEN, FL. 34787	■ Remove
			☐ Change
AMBR	DUQUE CRUZ, FELIX A	7810 CROSSWATER TRAILAPT 5311	☐ Add
		WINDERMERE, FL 34786	■ Remove
			☐ Change
AMBR	BONILLA GOMEZ, CARLOS H	9989 SHADOW CREEK DR	☐ Add
		ORLANDO, FL 32832	■ Remove
			☐ Change
MGR	BONILLA GOMEZ, CARLOS H	9989 SHADOW CREEK DR	☐ Add
		ORLANDO, FL 32832	■ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 08/15/2025 **(optional)**

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 15 2025

Signature of a member or authorized representative of a member

felipesan73@gmail.com

Typed or printed name of signee

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