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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : IDEAS CARVAJAL LLC

Account Number : 120220000006

: (321)333-5565

Fax Number

: (407)565-5637

nter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

mail	Address:	 _		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PROYECTA-T LLC

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Electronic Filing Menu Corporate Filing Menu Help

COVER LETTER

TO: Registration 5 Division of Co			
PROYEC	TA-T LLC		
3060ECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	LUISA JARAMILLO		
		Name of Person	
	PROYECTA-T LLC		
		Firm/Company	
	12850 W STATE ROAD	84 LOTE 20-21	
		Address	
	DAVIE, FL 33325		
	LFJARAMILLO@PROYE	City/State and Zip Code	
		to be used for future annual report notification)	
For further information	concerning this matter, please o	uil:	
LUISA JARAMILLO		320 2:15985 at ()	
Name	of Person	Arca Code Daytime Telephone	Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Conditional copy is enclosed) Co	0.00 Filing Fee, estificate of Statua & estified Copy additional copy is enclosed)
Mailing Address Registration Division of (P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahasses 2415 N. Monroe Street, S Tallahassee, FL 32303	•

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF



PROYECTA-T LLC

(Name of the Limited Lighllity Company as it now appears on our records.)
(A Florida Limited Lighlity Company) The Articles of Organization for this Limited Liability Company were filed on _____ _____ and assigned Florida document number L24000247450 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited ilability 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) 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 registered agent and/or the new registered office address here: BLANCO GARCIA, KEVIN F Name of New Registered Agent: 12850 W STATE ROAD 84 LOTE 20-21 New Registered Office Address: Enter Florida street address DAVIE Florida 33325

New Registered Agent's Signature, if changing Registered Agent;

I hereby accept the appointment as registered agent and agree to uct 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.

Keun Blanco Garcia
If Changing Registered Agent, Signature of New Registered Agent

or remove	d from our records:		ILE
MGR = A	Manager Authorized Memher		name, and address of each person being added
Title	Name	Address	AM 3: 45 MELAHASSEE FLORIO
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		2024				
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Dated JULY 31	Levin		Garcia	tive of a member		

Filing Fee: \$25.00