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COVER LETTER

TO:

	Registration Se Division of Cor					
SUBJEĊ	MCKINDEL PROJECT MANAGEMENT SOLUTIONS LLC					
SUBJEC	Name of Limited Liability Company					
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please reti	urn all correspo	ndence concerning this matter	to the following:			
		TIAGO DA COSTA ROC	НА			
			Name of Person			
		MCKINDEL PROJECT N	MANAGEMENT SOLUTIONS LL	C		
			Firm/Company			
200 SOUTH ORANGE AVE SUITE 770						
	Address					
	ORLANDO - FL 32801					
	City/State and Zip Code					
		VICTORIA.CAMPOS@HA	AYMANWOODWARD.COM			
		E-mail address: (to be used for future annual report not	fication)		
For furthe	r information co	oncerning this matter, please c	all:			
ANA VIO	CTORIA CAMI	POS	202 961-2907 at ()			
	Name o	f Person		e Telephone Number		
Enclosed	is a check for th	ne following amount:				
□ \$25.0	0 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 Addres		Street Address:			
	Registration S Division of C		Registration Se Division of Co			
	P.O. Box 632	-	The Centre of 7	•		
	Fallahassee J			e Street Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MCKINDEL PROJECT MANAGEMENT SOLUTI	ONS LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our reco I Liability Company)	<u>rds.</u>)	
The Articles of Organization for this Limited Liability Compan	y were filed on 08/06/2024		_ and assigned
Florida document number L24000351957.			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
N/A			
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "Ll	.C" or the abbre	
Enter new principal offices address, if applicable:	N/A	<u> </u>	2024 8
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	יַל יַיַ יַּטְיַ
		1 - i 54 i	က
Enter new mailing address, if applicable:	N/A	(C)	P
(Mailing address MAY BE A POST OFFICE BOX)		r- <u>- i</u>	051
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>ente</u>	er the name	of the new registere
Name of New Registered Agent: N/A		_	
New Registered Office Address:	Enter Florida street addi		
	emer esoriau sireet aaar	cas	

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.

Cin

. Florida __

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
		N/A	
			□Remove
			□Change
			□Add
			□Remove
			Change
			Remove
			
		·	Remove
			□Change
		 	□Add
			□Remove
			Change
			☐Add
			Remove
			□ Change

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···	
fective date, if other than the date in effective date is listed, the date must bote: If the date inserted in this blococument's effective date on the Dep	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 ck does not meet the applicable statutory filing requirements, this date will not be liste
record specifies a delayed effective of is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
ALICHIST 30	2024
AUGUST 30	