L0900050218

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COVER LETTER

то:	Registration Section Division of Corpo							
SUBJE	CT:	Studio 5 Desig	n & Architecture, LLC	;				
			ted Liability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
Jose Muniz								
			Name of Person					
		Studio 5	Design & Architecture, L	LC				
			Firm/Company					
			3376 Crystal Court					
Coconut Grove, Florida 33134								
	City/State and Zip Code							
	jose@s5da.com E-mail address: (to be used for future annual report notification)							
				onication)				
For furt	ther information con	cerning this matter, please c	ail:					
	Jos	se Muniz	at (786)	302-0875				
Name of Person Area Code & Daytime Telephone Number								
Enclose	ed 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 11 OCT II PM 12: 54

Studio 5 Design &	Architecture,	LLC TALLAHAS	RY OF STATE SSEE, FLORIDA		
(Name of the Limited Liability Comps (A Florida Limited	Liability Company)	3 on our records.			
The Articles of Organization for this Limited Liability Company Florida document number L0900050218	y were filed on	5/22/2009	and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lial	bility company her	<u>e</u> :			
(no cha	ange)				
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Compa		LLC" or the abbreviation		
Enter new principal offices address, if applicable:	112 Madelia Ave				
(Principal office address MUST BE A STREET ADDRESS)	Coral Gables	, Florida 33134			
	CMADE	EIRA			
Enter new mailing address, if applicable:	112 Made Ave				
(Mailing address MAY BE A POST OFFICE BOX)	Coral Gables, Florida 33134				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ur records, <u>enter (</u>	the name of the new		
	MADEIRA				
C	oral Gables	24. 24.	33134		
	City	, F10F1G2	33134 Zip Code		
New Registered Agent's Signature, if changing Registered Agent	<u>!</u>		-		

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 608, 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

Page 1 of 2/

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Shannon O'Kelley Berier	4460 SW 62 Court Miami, Florida 33155	Add Remove
			Add Remove
	^		Add Remove
	·		Add Remove
			Add Remove
			Add Remove
D. If amen —	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necess	sary.)
<u>-</u>			FILED OCT 11 PH 16
Dated	September 13 , 2	2011	2: 54 ORIDA
	Signature of a memb	er or authorized representative of a member	
	Туре	Jose Muniz Lor printed name of signee	

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Filing Fee: \$25.00