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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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FILING CANCELLED RETURNED CHECK



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COVER LETTER

Division of Co			
Architees, SUBJECT:	LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filling.	
Please return all corresp	ondence concerning this matter	to the following:	
	David Piriano		
		Name of Person	·
	Architee, LLC		Telephone Number S60.00 Filing Fee, Certificate of Status &
		Firm/Company	
	1831 NE 38 Street, 401		
		Address	·
	Oakland Park, FL 33308		
		City/State and Zip Code	·
	dpiriano@architee.com	to be used for future annual report notif	igntion)
For further information	concerning this matter, please co	•	ication,
	••••••, p	774 212-5826	
David Piriano	CD	at ()	Talankan Yankan
Name	of Person	Area Code Daytime	e 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 Tailahassee, 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

FILING CANCELLED RETURNED CHECK

Architees, LLC

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

	City	Zip Code	
		, Florida	
	Enter Florida stree	address 🗧	
New Registered Office Address:		7:4 STAT	
Name of New Registered Agent:			
		SEE SEE	
registered agent and/or the new registered office address her		SE N Man	the h
B. If amending the registered agent and/or registered of	Mar and the season of the	<u> </u>	· Alex. a
		700 ma	··
Mailing address MAY BE A POST OFFICE BOX)			
Enter new mailing address, if applicable:			
Timelput office unuress most be A STREET ADDRESS)	,		
Principal office address MUST BE A STREET ADDRESS)	·		
Enter new principal offices address, if applicable:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C	2."
Architee, LLC			
A. If aniending name, enter the new name of the limited hab	lity company here:		
This amendment is submitted to amend the following:			
Florida document number 16-8016587408			
The Articles of Organization for this Limited Liability Company	were filed on 12/2/14	and assign	ied

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:

AMBR = A	Nuthorized Member	FILING CANCELLED RETURNED CHECK	
<u>Title</u>	<u>Name</u>	Address	Type of Action
	 		
			□ Remove
			☐ Change
			□ Add。
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00