

L170000023386

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S. WARREN
DEC 27 2017

**1776 WEALTH
ARCHITECTS**

1776 Wealth Architects, LLC
224 Grenada Drive
Jupiter, FL 33458

December 21, 2017

Division of Corporations
P.O. Box 6327
Clifton Building
Tallahassee, FL 32314

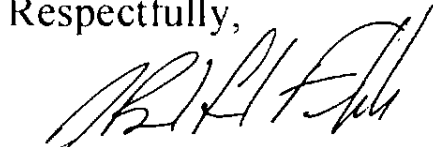
RE: LLC Name Change

Dear Division Staff:

1776 Wealth Architects, LLC is changing its name to "DarkSkies Private, LLC." Amendment form is attached, along with the processing fee of \$25.00.

If you have questions, please feel free to call my cell phone number: (857) 257-2251. Please send a letter of acknowledgement.

Respectfully,



John Bradford Flecke
President

brad@darkskiesprivate.com
(857) 275-5221

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1776 Wealth Architects, 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:

John Bradford Flecke
Name of Person

1776 Wealth Architects, LLC
Firm/Company

224 Grenada Drive
Address

Jupiter, FL 33458
City/State and Zip Code

bradflecke@1776wa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Bradford Flecke at (561) 220-7483
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

1776 Wealth Architects, 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 January 4, 2017 and assigned Florida document number L17000003386.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DarkSkies Private, LLC

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:

DarkSkies Private, LLC

(Principal office address MUST BE A STREET ADDRESS)

850 NW Federal Hwy, Suite 446

Stuart, Florida. 34994

Enter new mailing address, if applicable:

DarkSkies Private, LLC

(Mailing address MAY BE A POST OFFICE BOX)

850 NW Federal Hwy, Suite 446

Stuart, Florida. 34994

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:

John Bradford Flecke

New Registered Office Address:

850 NW Federal Hwy, Suite 446

Enter Florida street address

Stuart

Florida 34994

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.


Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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 OF INDIANA

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (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 December 21, 2017

Handwritten signature of John Bradford Flecke

Signature of a member or authorized representative of a member

John Bradford Flecke

Typed or printed name of signee

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