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SECHETARY OF STATE OF STATE OF CORPORATIONS OF CORPORATIONS

J. BRYAN

APR - 8 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ACT Architecture, 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:
Brad Hollett (Name of Person)
ACT Architecture, LLC (Firm/Company)
(Firm/Company) 6903 Atlantic Blvd (Address)
Jacksonville FL 3ZZII (City/State and Zip Code)
For further information concerning this matter, please call:
Angie Ounton at (904) 724-0007 x 205 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Gertified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF		
ACT Arc	hitecture, LLC	our records.)	
(Name of the Limited Li (A Flo	ability Company as it now appears on oprida Limited Liability Company)	our records.)	
he Articles of Organization for this Limited Liabi	ility Company were filed on3/	4/ 2008 and assigned	
Torida document number <u>LOS 0000</u> &	3076		
his amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of the	e limited liability company here:		
he new name must be distinguishable and end with th		he designation "LLC" or the abbreviation	
3. If amending the registered agent and/or egistered agent and/or the new registered office		ecords, enter the name of the new	
egistered agent and/or the new registered office	t address here.		
Name of New Registered Agent:			
New Registered Office Address:	(Enter F	lorida street address)	
-	(City)	, Florida (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 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)

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

MGR = Manager MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add Remove	
			Add Remove	
	·		Add Remove	
			Add Remove	
			Add Remove	
	· 		Add Remove	
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	DIVISION OF CONVISION OF CONVIS	
			POR STATENS SORPORATIONS	
Dated/	April 2 , 26	208	_	
	Bradley A. H	or or authorized representative of a member HOLLEH Tor printed name of signee		

Page 2 of 2

Filing Fee: \$25.00