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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

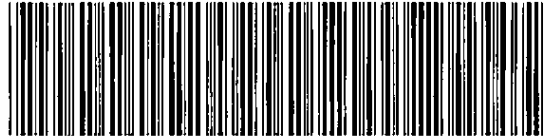
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 17/71 ARCHITECTURAL STUDIO, 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:

BRIAN T. SHEPARD  
Name of Person

17/71 ARCHITECTURAL STUDIO, LLC  
Firm/Company

P.O. BOX 1706  
Address

LEONARDTOWN, MARYLAND 20650  
City/State and Zip Code

bsheparde@1771arch.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRIAN T. SHEPARD  
Name of Person

at ( 202 )  
Area Code

316-7025  
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 Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

1771 Architectural Studio, LLC

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR =** Manager  
**AMBR =** Authorized Member

**AMBR = Authorized Member**

[illegible]

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(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.

Dated 2/22/2023

Signature of a member or authorized representative of a member

BRIAN T. SHEPARD

Typed or printed name of signee