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## **COVER LETTER**

	Registrat Division (			••	
·		n & Pratt	Architects, LLC		
SUBJEC	:I;		Name of Lim	ited Liability Company	<del>radiote de la constanta de la</del>
The enclo	osed Artic	les of Ar	nendment and fee(s) are sub	mitted for filing.	
Please ret	turn all co	orrespond	ence concerning this matter	to the following:	
			Glenn H Pratt		
				Name of Person	
			Bellin & Pratt Architects, l	LLC	
				Firm/Company	
			285 Sevilla Avenue, 2nd F	loor	
				Address	
			Coral Gables, Florida 3313	34	
			**************************************	City/State and Zip Code	
			ghparch@aol.com		
				to be used for future annual report notiff	cation)
For furth	er informa	ation con	cerning this matter, please ca	all:	
Glenn H	Pratt			at () Area Code Daytime	
	Ŋ	Name of P	erson	Area Code Daytime	Telephone Number
Enclosed	is a check	k for the	following amount:		
\$25.0	00 Filing F	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

Bellin & Pratt 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  $\frac{08-13-2004}{1}$ and assigned Florida document number L04000017280 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Bellin Pratt & Fuentes Architects, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Glenn H Pratt Name of New Registered Agent: 285 Sevilla Avenue, 2nd Floor New Registered Office Address: Enter Florida street address , Florida 33134
Zip Code Coral Gables City

## 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	David A Fuentes	285 Sevilla Ave., 2nd Floor, Coral	■ Add
			Remove
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			Q.Remove
			□ Change
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			☐ Change

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  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The 90th day after the record is filed.  Dated  March 16  2018  J. W. J.  Signature of a member or authorized representative of a member  Glenn H Pratt	f amending any other informat		, ,
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Filing Fee: \$25.00