

L040000071177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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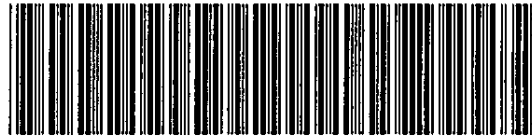
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Walters Zackria Associates, PLLC
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:

Abbas H. Zackria

Name of Person

Walters Zackria Associates, PLLC

Firm/Company

1500 W. Cypress Creek Rd, Suite 105

Address

Fort Lauderdale, FL 33309

City/State and Zip Code

admin@wza-architects.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Abbas H. Zackria

954 522-4123
at ()

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**

Walters Zackria Associates, PLLC

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

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The Articles of Organization for this Limited Liability Company were filed on September 30, 2004 and assigned
Florida document number L04000071177.

This amendment is submitted to amend the following:

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

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:

1500 W. Cypress Creek Road, Suite 105

(Principal office address MUST BE A STREET ADDRESS)

Fort Lauderdale, FL 33309

Enter new mailing address, if applicable:

1500 W. Cypress Creek Road, Suite 105

(Mailing address MAY BE A POST OFFICE BOX)

Fort Lauderdale, FL 33309

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:

Abbas H. Zackria

New Registered Office Address:

1500 W. Cypress Creek Road, Suite 105

Enter Florida street address

Fort Lauderdale

City

, Florida 33309

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.



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>	<u>Address</u>	<u>Type of Action</u>
MGR	Abbas H. Zackria	1500 W. Cypress Creek Rd	<input type="checkbox"/> Add
		Suite 105	<input type="checkbox"/> Remove
		Fort Lauderdale, FL 33309	<input checked="" type="checkbox"/> Change
MGR	Robert S. Walters	620 SE 1st Street	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33301	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Anthony M. Scala	1500 W. Cypress Creek Rd	<input type="checkbox"/> Add
		Suite 105	<input type="checkbox"/> Remove
		Fort Lauderdale, FL 33309	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Abbas Zackria - Managing Member / President 100% Ownership Interest

Anthony Mark Scala - Engineering Director

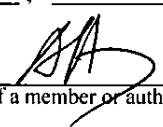
E. Effective date, if other than the date of filing: January 2, 2015 **(optional)**

(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 October 15, 2015


Signature of a member or authorized representative of a member

Abbas H. Zackria

Typed or printed name of signer

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ALABAMA
FLORIDA