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SECRETARY OF STALE PALLABASSEE, FLORID

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COVER LETTER

то:	Registration Ser Division of Corp			
SUBJE	Leigh Wilso	on Architecture LLC		
SCOUL	~ t	Name of Limi	ted Liability Company	
The enc	losed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please re	cturn all correspon	ndence concerning this matter	to the following:	
	•	Frances Leigh Wilson-Vers	saggi	•
			Name of Person	
		Leigh Wilson-Versaggi, Ar	chitect	
			Firm/Company	
		720 S. Orleans Ave.		
			Address	
		Tampa FL 33606		
			City/State and Zip Code	_
		flw2@yahoo.com		
		E-mail address: (t	o be used for future annual report notif	ication)
For furth	her information co	oncerning this matter, please ca	ll:	
Leigh V	Vilson-Versaggi		813 810-1122	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	e following amount:		
□ \$25	.00 Filing Fee	□ \$30.00 Filing Fce & 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

Leigh Wilson Architecture LLC	
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L05000003921	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
Leigh Wilson Versaggi Architecture LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	720 S. Orleans Ave.
(Principal office address MUST BE A STREET ADDRESS)	Tampa FL 33606
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	720 S. Orleans Ave. Tampa FL 33606
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:	ffice address on our records, enter the name of the new
New Registered Office Address:	Enter Florida street address , Florida City Zin Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Type of Action
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ective date, if other than effective date is listed, the date is listed in the date inserted in the ument's effective date on the	e must be specific ar is block does not	nd cannot be prior t meet the applica	o date of filing or ble statutory fili	more than 90 days at	i tional) ter filing.) P his date wi	ursuan III not	t to 605.02 be listed
record specifies a dela he 90th day after the	yed effective record is filed	date, but not ,	an effective	time, at 12:0:	a.m. or	the	earlier
ed		, 2017					

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Typed or printed name of signee

Filing Fee: \$25.00