W5000040201

(Re	equestor's Name)	
(Ac	dress)	
(Ac	Idress)	
(Ci	ty/State/Zip/Phone	÷#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to		11
\$15	Noon	Charge
LC	15-40	1060

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TRANSMITTAL LETTER

TO: Registration Division of	n Section Corporations			•
SUBJECT: KEM	Architects, LLC			
	(Name of I	imited Liability Company)		 -
	es of Amendment and fee(s) are so	_		
	M	fodupe Arthur		
		(Name of Person)		
	KE	M Architects, LLC		
		(Firm/Company)		
	33/8 PAZ	KCH65T5P-5	a. Bur.	SUME 201
		(Address)		
		32835	•	
		ando, FL-22008	·	•
	(City	y/State and Zip Code)		
For further informati	on concerning this matter, please	call:		
	Modupe Arthur	at (321)	217-3060	
	(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	S55.00 Filing Fee & Certiffed Copy (additional copy is end	Certificat closed) Certified	Filing Fee, e of Status & Copy al copy is enclosed)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		(Present (A Florida Limited	nt Name) I Liability Company)			
		•	, ,			
FIRST:	The Articles of Organiz document number	zation were filed on L0500040201	4-22-2 005	and assigned		
SECOND:	The following amendiability company:	dment(s) to the Articl	es of Organization	was/were adopted b	y the limite	ed
	KEN	Architects, and all its	registered member	S.		
		of June 15th 2005 KEM A Architecture, LLC	Architects will char	nge it corporate name	to	
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
					SEI	2
					AUG LAH LAH	<u> </u>
					ASS T	л 💳
Dated	June 12	, 2005	<u></u> .			-
		\mathcal{M} .	An		STATE ORIDA) T
	Signa	ture of a member or author	William Prized representative	of a member		
	oigin	me of a monitor official	with a tabion of mitter	UL W LEAVISON		
		Modupe				
		Typed or printe	ed name of signee			

Filing Fee: \$25.00