

LD5000118652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

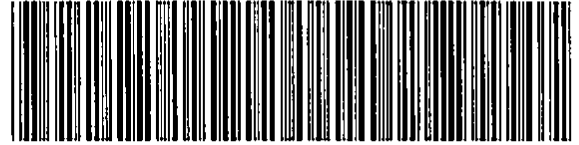
(Business Entity Name)

(Document Number)

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2019 FEB 13 AM 10:56
S.F. PUBLIC OFFICE

Amend/Name
Chg

FEB 13 2019

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOTOLONGO SALMAN HENDERSON ARCHITECTS, 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:

JENNIFER SALMAN

Name of Person

SOTOLONGO SALMAN HENDERSON ARCHITECTS, LLC

Firm/Company

7910 NW 25 STREET SUITE 200

Address

DORAL FL 33122

City/State and Zip Code

JENNIFER@MAS.MIAMI

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

For further information concerning this matter, please call:

JENNIFER SALMAN

305

593-9969

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 7, 2019

JENNIFER SALMAN
7910 NW 25 ST
STE. 200
DORAL, FL 33122

SUBJECT: SOTOLONGO SALMAN HENDERSON ARCHITECTS, LLC
Ref. Number: L05000118652

We have received your document for SOTOLONGO SALMAN HENDERSON ARCHITECTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 519A00002723

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOTOLONGO SALMAN HENDERSON 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 12/13/2005 and assigned
Florida document number L05000118652

This amendment is submitted to amend the following:

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

MIAMI ARCHITECTURAL STUDIO, LLC

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:

7910 NW 25 STREET SUITE 200

(Principal office address MUST BE A STREET ADDRESS)

DORAL, FL 33122

Enter new mailing address, if applicable:

7910 NW 25 STREET SUITE 200

(Mailing address MAY BE A POST OFFICE BOX)

DORAL, FL 33122

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:

New Registered Office Address:

7910 NW 25 STREET SUITE 200

Enter Florida street address

DORAL

, Florida 33122

City

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>
	RAUL SOTOLONGO	10630 NW 27 STREET	<input type="checkbox"/> Add
		MIAMI FL 33172	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	FELIPE TRELLES	7910 NW 25 STREET SUITE 200	<input checked="" type="checkbox"/> Add
		DORAL FL 33122	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	JENNIFER SALMAN	7910 NW 25 STREET SUITE 200	<input type="checkbox"/> Add
		DORAL FL 33122	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	REX HENDERSON	7910 NW 25 STREET SUITE 200	<input type="checkbox"/> Add
		DORAL FL 33122	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

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 January 29, 2019

Genf Salmer-

Signature of a member or authorized representative of a member

JENNIFER SALMAN

Typed or printed name of signee