L0800023076

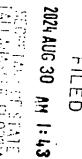
| (Req | uestor's Name) | |
|---------------------------|-----------------|-------------|
| (Add | ress) | |
| bbA) | ress) | |
| (City | /State/Zip/Phon | e #) |
| PICK-UP | WAIT | MAIL |
| (Bus | iness Entity Na | me) |
| (Doc | ument Number) | <u> </u> |
| Certified Copies | Certificate | s of Status |
| Special Instructions to F | iling Officer: | |
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000433575320

07/25/24--01012--015 **85.00



COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORI | PORATION: ACT Architects, L | LC | |
|-------------------------|--|--|---|
| | MBER: L08000023076 | | |
| The enclosed Artic | rles of Amendment and fee are su | bmitted for filing. | |
| Please return all co | prrespondence concerning this ma | tter to the following: | |
| | Angic Denton | | |
| | | Name of Contact Person | 1 |
| | ACT Architects, LLC | | |
| | | Firm/ Company | |
| | 6903 Atlantic Blvd | | |
| | | Address | |
| | Jacksonville, FL 32211 | | |
| | | City/ State and Zip Cod | e |
| | angie@actarchitects.com | | |
| | E-mail address: (to be us | sed for future annual report | notification) |
| For further information | ation concerning this matter, plea | | |
| | | at (| |
| :Nai | ne of Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a chect | c for the following amount made | payable to the Florida Depa | artment of State: |
| ■ \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| 7 1 1 | Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314 | Amend Division The C 2415 N | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303 |



August 7, 2024

ANGIE DENTON 6903 ATLANTIC BLVD. JACKSONVILLE, FL 32211

SUBJECT: ACT ARCHITECTS, LLC

Ref. Number: L08000023076

AUG 3 0 2004

We have received your document for ACT ARCHITECTS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Rebekah Lefeavers Regulatory Specialist III

Letter Number: 824A00017235

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ACT Architects, LLC | | |
|---|--|--------------------------------|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | ny as it now appears on our record Liability Company) | <u>s.</u>) |
| The Articles of Organization for this Limited Liability Company | were filed on 03/04/2008 | and assigned |
| lorida document number L08000023076 | | |
| his amendment is submitted to amend the following: | | |
| a. If amending name, enter the new name of the limited liab | ility company here: | |
| he new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC | " or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS) | | 2024 AUG SECOTT |
| | | <u> </u> |
| | | FIL 6 30 EASS |
| nter new mailing address, if applicable: | -1H-1- | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | :•· |
| 3. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>enter</u> | the name of the new regist |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street addres: | s |
| | | orida |
| | 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> | Name | Address | Type of Action |
|--------------|---------------------------------------|------------------------|----------------|
| VP | Michael Gargano | 6903 Atlantic Blvd | ■Add |
| | | Jacksonville, FL 32211 | Remove |
| | | | ☐ Change |
| | | | □Add |
| | | | □Remove |
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| | | | □Add |
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| | | |
| Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E | e date of filing: | o nal) filing.) Pursuant to 605.0207 (3) date will not be listed as the |
| he record specifies a delayed effective ord is filed. | ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) | The 90th day after the |
| Dated August 22 | 2024 | |
| | Signature of a member or authorized representative of a member | |
| Readlan A Hallan | • | |
| Bradley A Hollett | Typed or printed name of signee | |