10800067564

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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COVER LETTER

our more		iness Architecture, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please returi	all correspo	ndence concerning this matter	to the following:	
		Jenna Waites		
			Name of Person	
		Waites Business Architect	ure, LLC	
			Firm/Company	
		PO Box 600443		
			Address	
		Saint Johns, FL 32260		
			City/State and Zip Code	 -
		jw@jennawaites.com		
		E-mail address: (to be used for future annual report notif	ication)
For further i	nformation c	oncerning this matter, please ca	all:	
			at (
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00 I	iling 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

TO:

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

Waites Business Architecture, LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) Ia Limited Liability Company)	
The Articles of Organization for this Limited Liability		and assigned
Florida document number L08000067564	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Waites Ventures, LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C"
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or reg egistered agent and/or the new registered office ad		enter the name of the
Name of New Registered Agent:		
New_Registered Office Address:		
	Enter Florida street address	
	, Flori	ida
	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>	Address	Type of Action
			Add
			□ Remove
			☐ Change
			□ Remove
			Change
			□ Remove
			5 0
			Remove
			Change
			Remove
			□ Change
			Remove
			□ Change

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		.;
ffective date, if other than t	he date of filing:	(optional)
<u>Vote:</u> If the date inserted in this	he date of filing: must be specific and cannot be prior to date of filing or more block does not meet the applicable statutory filing pepartment of State's records.	re than 90 days after filing.) Pursuant to 605.02 requirements, this date will not be listed a
e record specifies a delay The 90th day after the r	ved effective date, but not an effective tir ecord is filed.	me, at 12:01 a.m. on the earlier
ated April 10	2017	
	10	
<u>_</u> .	Signature of a number or authorized representative o	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00