L0900031530

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COVER LETTER

TO. Buttendin Culin
TO: Registration Section Division of Corporations
SUBJECT: Browald Dade Alchitectulal Studio, 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:
Wanda Q Batista
Firm/Company
10400 GRIFFIN Rd Svite 201
Coopel City, FL 33328
City/State and Zip Code Wanda to @ gloanda.com E-mail addoes: (to be used for future annual report notification)
Wanda Q. Batista 1,954, 214-9472
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$ 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

Name of the Limit		na it now appears on our rec bility Company)	ords,)		
The Articles of Organization for this Limited Li Florida document number L09000031530	ability Company we	ere filed on 04/01/200	O9 and as	signed	
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liabili	ty company here:			
Broward Dade Architectural Studi			s		
The new name must be distinguishable and end with the	words "Limited Liabilit	y Company," the designation	"LLC" or the abbreviation "	L.L.C."	
Enter new principal offices address, if applic	•	10400 FRA	n Rd Suite	201 328	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)		The second secon	14 APR -3	そなだ
B. If amending the registered agent and/ registered agent and/or the new registered of	•	ce address on our reco	ords, enter the name	of the new	75.
Name of New Registered Agent:	Wanda Q. E	3atista			
New Registered Office Address:	10400 Griffi	n Road Suite 201 Enter Florida street ad	dress		
	Cooper City	1	Florida 33328		
		City	Zip Code		
New Registered Agent's Signature, if changing I	Registered Agent:				
I hereby accept the appointment as registere					

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 have by confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If ameraling the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
Mai	Sonia Succar Ferre	1786 SW 11th ST. Miami, FL 33145	□ Add
		Miami, PL 33145	E Remove
MAR	Geena Batista	2920 SW 28Tell# Miami, FL 33133	Add Remove
			Add
	·		Remove
		A.T. S.	□ Add □ Remove
			□ Add ω □ Remove
			Add _□ Remove

Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more the date this document is filed by the Florida Department of State) Dated Dated					, / , "					
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Anni O. J. Oani O. J.	cific, a	cannot be	prior to	date of	receipt or f	iled date a	nd cannot	be more than	(option 190 days a	onal)
	by th	111	Departr	nent of S	7014		(1/	, 1	// 1
	7/	" []	1100	_, _ 'Adı'	01		X	17	1	1
Signature of a member or authorized representative of a me	1_	Sign	ature of	a memb	er or auth	orized rep	resentative	of a memb		1

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Filing Fee: \$25.00

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