## 109000043507

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
. (Bu	siness Entity Nar	ne)
· · · (Do	cument Number)	
		;
Certified Copies	_^ ∴Certificates	s of Status
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SECRETARY OF STATE
TALLAHASSEE, FI DBIR

D. BRUCE
AUG 0 6 2009
EXAMINER

## **COVER LETTER**

**Registration Section** 

TO:

Division of Co	orporations				
SUBJECT:	Ado	d members			
	Name of Lim	ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	condence concerning this matter	r to the following:			
		Peter m flynn Name of Person			
	A Arch	itectural accents in prec	ast LLC		
		• •	,		
	<del></del>	112sw 4th st Address	<del></del>		
				O TAL SE	
	-	Daina 33004 City/State and Zip Code	-	09 AUG -5 SECRETARY ALLAHASSE	
		rchitecturalaccents.com		G - E TAR ASS	
		to be used for future annual report	notification)	E. 50 X 50 20	
For further information	concerning this matter, please	call:		PH 12: 28 OF STATE E. FLORID,	D
	Peter m flynn	at (_954_)	444 9518	28 ATE	
Name	of Person	Area Code & Da	ytime Telephone Number		-y··
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)	osed) Certified	e of Status &	i)
Regis Divis P.O. 1	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	Registration Se Division of Co Clifton Buildin	rporations ng e Center Circle		

## ARTICLES OF AMENDMENT **ARTICLES OF ORGANIZATION OF**

A Architectural ac	ccents in preca	ast LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company were filed on andand			
Florida document number L09000043507			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liah	oility company here	:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Compar	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:	313 vista isles	drive	
(Principal office address MUST BE A STREET ADDRESS)	sunrise FI 333	25	75 00 75 00
Enter new mailing address, if applicable:			FIL AUG -5 CRETAR LAHASSE
(Mailing address MAY BE A POST OFFICE BOX)			E. F.G.
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ur records, <u>enter</u>	the name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
<del></del>	· · · · · · · · · · · · · · · · · · ·	, Florida	***************************************
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title Address **Type of Action** Name MGRM Albert Austin 1106nw second street Daina FL 33004 [7] Add Remove MGRM Roberto Ruiz 4308nw 55street ft lauderdale FL33319 

✓ Add Remove ☐ Add Remove Add Remove □Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00