L09000073765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

L09-73765

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT

OCT 15 2009

EXAMINER

Office Use Only

400157962674

10/01/09--01012--014 **30.00

FILED

2009 OCT 14 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 5, 2009

KIMBERLY DAY
424 E. CENTRAL BLVD. #542
ORLANDO, FL 32801

FILED
2009 OCT 14 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: ELEVEN18ARCHITECTURE LLC
Ref. Number: L09000073765

We have received your document for ELEVEN18ARCHITECTURE LLC and your check(s) totaling $30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 509A00032145

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELEVEN 18 ARCHITECTURE
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:

KIMBERLY DAY
Name of Person

ELEVEN 18 ARCHITECTURE
Firm/Company

424 E CENTRAL BLVD # 542
Address

ORLANDO FL 32801
City/State and Zip Code

KDAY@ELEVEN18ARCHITECTURE.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

KIMBERLY DAY at (407) 416 9960
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ELEVEN 18 ARCHITECTURE, 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 July 31 2009 and assigned Florida document number L09000073765.

This amendment is submitted to amend the following:

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

ELEVEN18 ARCHITECTURE, P.L.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LC" or the abbreviation "L.L.C."

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TALLAHASSEE, FLORIDA

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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: _____
Enter Florida street address

_____, **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	Name	Address	Type of Action
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

nature of business is architure

Dated OCTOBER 12, 2009

Signature of a member or authorized representative of a member

KIMBERLY DAY

Typed or printed name of signee

Filing Fee: $25.00