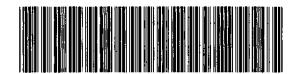
## L0900000857

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T. HAMPTON

DET 2 0 2009

**EXAMINER** 

## **COVER LETTER**

Division of C	Corporations	•			
SUBJECT:	HUP Ard	chitectural, LLC			
	Name of Limi	ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	spondence concerning this matter	to the following:			
		Hernando Uribe			
		Name of Person			
HUP Architectural, LLC					
	Firm/Company				
	1673 N.W. 144th Way				
		Address			
	Pemb	roke Pines, Florida 33028			
		City/State and Zip Code	<del></del>		
	h	uribep@comcast.net			
		to be used for future annual report notifica	ition)		
For further information	n concerning this matter, please of	call:	•		
Н	lernando Uribe	at ( 954 ) 6	17-5968		
Nam	e of Person	Area Code & Daytime	Telephone Number		
Enclosed is a check fo	r 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)		
Reg	ILING ADDRESS: istration Section iston of Corporations	STREET/COURIE Registration Section Division of Corporat			

P.O. Box 6327 Tallahassee, FL 32314

TO:

**Registration Section** 

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liebility Co.	nitectural, LLC	······································
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	ted Liability Company)	our records.)
The Articles of Organization for this Limited Liability Comp.  Florida document numberL0900090857	pany were filed on <u>Septe</u>	mber 18, 2009 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
	N/A	
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Company," t	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u>	<u> </u>
		SER //S
		C SH
Enter new mailing address, if applicable:	N/A	<b>一</b>
(Mailing address MAY BE A POST OFFICE BOX)		70 COR
		POR POR
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ecords, enter the name of the even
Name of New Registered Agent:		· <del>'                                   </del>
New Registered Office Address:		
	Enter Fl	orida 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Vice-Pr	Andres Hollmann	1673 NW 144th Way Pembroke Pines, Florida 33028	Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If am	nending any other information, enter	r change(s) here: (Attach additional sheets, if necessary.)	
	Please advise the Title for And	dres Hollmann has changed to Vice-President.	_
	This change is a requirement f	or the Architecture Certificate of Authorization.	<del></del>
			SECRETAI DIVISION OF 09 OCT 1
Dated	October 16	2009	ORPORA
	Signaturo of a	member or authorized representative of a member  Hernando Uribe	SNO TIONS
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00