Office Use Only



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C. LEWIS

SEP 2 5 2012

EXAMINER

TO: Registration S Division of Co		,	m i e e	F**
SUBJECT:	K&G AR	CHITECTS. LLC	مهابي	
	Name of Lim	ited Liability Company		_
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	condence concerning this matte	r to the following:		
		Leila Grunberg		_
		Name of Person		
		K&G Architects.LLC		
		Firm/Company		
	20533	Biscayne Boulevard. # 2	206	•
		Address		<u></u>
		Aventura ,FL. 33180		
		City/State and Zip Code		_
		erg@kandg-architects.co		_
For further information	concerning this matter, please of	to be used for future annual report it call:	nouncauon)	
Nathaly Haratz		at (954)	3944358	•
Name	of Person	Area Code & Da	ytime Telephone Num	per
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 enclo	Certifi Osed) Certifi	Filing Fee, cate of Status & ed Copy onal copy is enclose

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

TO, ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISIONIOF CORPORATIONS

K&G ARCHITECTS, LLC

2012 SEP 24 PM 1: 52

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(44.4)	······································			
The Articles of Organization for this Limited Liab Florida document number L100000755		July 19, 2010	and assigned	
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of the	he limited liability company h	ere:		
K	(&G Architecture. LLC			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Com	pany," the designation "L	LC" or the abbreviatio	
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO				
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter th	ne name of the nev	
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

or Managing yiemder being added or removed from our records:

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Address</u> **Type of Action** <u>Name</u> Add Remove **□** Add Remove Add Remove Remove \square Add Remove $\neg Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Change the address of MGRM: Nathaly Haratz to: 2150 NE 207 St. Miami , FL. 33179 September 20th 2012 Dated . Signature of a number or authorized representative of a member Leila Grunberg Typed or printed name of signee

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Filing Fee: \$25.00