## L11000018931

(F	Requestor's Name)	
(/	Address)	
( <i>P</i>	Address)	
. (0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT ☐	MAIL
· (E	Business Entity Name)	<u>_</u>
(C	Document Number)	
Certified Copies	Certificates of Status	·
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FEB 25 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corp.			
SUBJECT:	ARCI	HITECTS LLC	
	Name of Lin	nited Liability Company	
	mendment and fee(s) are su	•	11 FEB 24 MID: 53
		Eduardo R. Valiente	F (
		Name of Person	Į.
•			J)
		Firm/Company	
		715 Grand Circle	
		Address	
	Temp	ole Terrace, Florida 3361	7
		City/State and Zip Code	,
	6	rv@tampabay.rr.com to be used for future annual report no	
For further information con		•	innestion) .
Eduard	o R. Valiente	at ( 813 )	956-1545
Name of P	erson	Area Code & Dayt	ime Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclos	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

## ARCHITECTS 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 Liabil	ity Company were filed onFe	ebruary 14, 2011 and assigned	
Florida document numberL1100001893	<u>1</u> .	·	
This amendment is submitted to amend the following	ng;		
A. If amending name, enter the new name of the	limited liability company here	:	
` Va	liente Architect LLC		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Compan	y," the designation "LLC" or the abbreviatio	
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET A.	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX			
B. If amending the registered agent and/or registered agent and/or the new registered office		r records, enter the 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

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 = Ma MGRM = N	nager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
· 			Add Remove
<del></del>			Add Remove
			Add Remove
D. If amend	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
			<del></del>
			_
Dated	(-all	1 0>	
	Signature of a member	or authorized representative of a member	
	Edu	uardo R. Valiente	

Page 2 of 2

Filing Fee: \$25.00