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(Requestor's Name) (Address) (Address)	600307599836
(City/State/Zip/Phone #)	01/22/18-−01001013 *+30.00
Certified Copies Certificates of Status	18 JAN 22 P
Office Use Only	JAN 2 2 2016 Y SULKER

COVER LETTER

TO: **Registration Section Division of Corporations** .

Mesh Architecture LLC SUBJECT:

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:

Gay Lora Grooms

Name of Person

Place Architecture LLC

Firm/Company

33 6th Street South, Suite 400

Address

St Petersburg, FL 33701

City/State and Zip Code

gay.g@mesh.ws

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gay Lora Grooms at (<u>727</u>) <u>399- 6980 ext 61</u> Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

1*\$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

. . • .

Mesh Architecture LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on <u>August 2, 2011</u>	and assigned
Florida document number <u>L11000088482</u>		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
Place Architecture LLC		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR		
Trucipal office address most bl. A STREET ADDR	<u>(L55)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		A A
B. If amending the registered agent and/or regis	stered office address on our records, ent	ter Me name of the ne
registered agent and/or the new registered office add		
Name of New Registered Agent:		
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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

.

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🖸 Add
			□ Change
			🗆 Add
			Change
			🛛 Add
			Remove
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			Change
		ERemove Change	
			G Change
			🗆 Add
			Remove
			C Change
			🗆 Add
			Change

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

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	<u> </u>

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _	January 18 2018
	$ \mathbf{A} \mathbf{A} $
	Signature of a member of authorized representative of a member
	Timothy N. Clemmons
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00