

L11000107161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

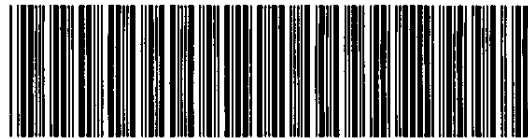
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JUL 24 2014

A. LUNT

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CLERK OF CIRCUIT COURT  
TALLAHASSEE, FL 32304

2014 JUL 21 PM 12:16

FILED

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Santesteban & Associates LLC  
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:

Brett Wadsworth, Esquire  
Name of Person

Brett Wadsworth, LC  
Firm/Company

P.O. Box 270118  
Address

Tampa FL 33688  
City/State and Zip Code

brettebupa@law.com  
E-mail address: (to be used for future annual report notification)

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2014 JUL 21 PM 12:16  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Brett Wadsworth at ( 813 ) 926-8862  
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**

Santiesteban & Associates 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 9/19/2011 and assigned  
Florida document number L11000107161.

This amendment is submitted to amend the following:

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

Santiesteban & Associates Architects, LLC

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

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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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MGR	Justin Kimmich	3903 Northdale Blvd.	<input checked="" type="checkbox"/> Add
		Suite 120 W	<input type="checkbox"/> Remove

Tampa Fl. 33624

MGR	Alcides Santesteban	3903 Northdale Blvd.	<input checked="" type="checkbox"/> Add
		Suite 120W	<input type="checkbox"/> Remove

Tampa Fl. 33624

MGR	Brett Wadsworth	2701 W. Busch Blvd	<input type="checkbox"/> Add
		Ste 144	<input checked="" type="checkbox"/> Remove

Tampa Fl. 33618

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2014 JUN 2 PM 16  
TALLAHASSEE, FLORIDA

FILED

			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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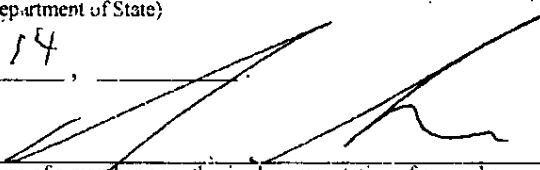
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 7-19-2014,

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

ALCIDES SANTIESTEBAN  
\_\_\_\_\_  
Typed or printed name of signee

FILED  
2014 JUL 21 PM 12:16  
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FLORIDA DEPARTMENT OF STATE