L12000004586

(Req	uestor's Name)	
(Addı	ress)	
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(City/	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nan	ne)
(Doci	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

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D. BRUCE

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EXAMINER

COVER LETTER

· TO: Registration Section

Tallahassee, FL 32314

Division of Co	orporations				
SUBJECT:	NAGY AF	RCHITECTS LLC.			
5055EC1		ited Liability Company		-	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	oondence concerning this matte	r to the following:			
		George A Nagy			
		Name of Person			
		George A Nagy			
		Firm/Company			
		2700 ne 26th terrace)	_	
		Address			
	E	Boca Raton, FL 3343	1	_ F	
		City/State and Zip Code			<u> </u>
	Gr E-mail address: (@nagyarchitects.com to be used for future annual re	port notification)	HAS	
For further information	concerning this matter, please of	call:		SEE:	
Ge	eorge A Nagy	at (561)	289-1634	EL01	
Name	of Person	Area Code &	& Daytime Telephone Numb	ber Dri	₽
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) Certific	Filing Fee, cate of Status ed Copy onal copy is e	
	ING ADDRESS:	STREET/	COURIER ADDRESS:		
	tration Section on of Corporations	Registration Division o	on Section of Corporations		
P.O. E	30x 6327	Clifton Bu			

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	GY ARCHITECTS LL			
(Name of the Limited (A	Liability Company as it now ap Florida Limited Liability Compar	pears on our records.)		
`	•	•		
The Articles of Organization for this Limited Lia	ability Company were filed on	January 9, 201	2 and assign	ed
Florida document number L12000004	586			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability company	here:	•	
	Nagy Architecture LLC			
The new name must be distinguishable and end with	the words "Limited Liability Co	mpany," the designation	"LLC" or the abbr	reviation
"L.L.C."				
Enter new principal offices address, if applica	ıble:			
(Principal office address MUST BE A STREE)	TADDRESS)			
	+	·	<u> </u>	
			AH B	Π
Enter new mailing address, if applicable:			ASS I	
(Mailing address MAY BE A POST OFFICE I	BOX)			П
			S. C.	<u> </u>
			β≧ <u>ω</u>	
B. If amending the registered agent and/o		on our records, <u>ente</u>	r the name of t	<u>he new</u>
registered agent and/or the new registered off	<u>ice address here</u> :			•
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida street a	ddress	
		, 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

<u> itle</u>	Name	Address	Type of Action
_ _			
			Add Remove
			Add
			III Bamaua
			[T] Damarra
			Add
 			Pomovo
Ifaman	ding any other information enter o	hange(s) here: (Attach additional shee	ate if nacassans)
· II amen	uing any other information, enter c	mange(s) nere. (Anach adamonat shee	ers, ij necessary.)
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_			7 7 7 7 7 7 7 7 7 7
			12 FEB 17 NECTIFIARY
			B 17 ASSEE
ated	February 14, 1	2012	MIZ: 34
		and A Names	D 2: 34 PATE ORIDA
	Signature of a me	ember or authorized representative of a me	ember

Page 2 of 2

Filing Fee: \$25.00 \$30 00