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MAY 1 7 2012 T. HAMPTON

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJECT: ELM ARCHITECTS, LLC Name of Limited Liability Company							
The en	closed Articles of Amendment and fee(s) are submitted for filing.						
Please	return all correspondence concerning this matter to the following:						
	ERIK MYERS						
	Name of Person ELM ARCHITECTS, LLC Firm/Company						
	7870 SW 14380 ST						
	City/State and Zip Code						
	E-mail address: (to be used for future annual report notification)						
For fur	ther information concerning this matter, please call:						
	Name of Person at (305 746-0682 Area Code & Daytime Telephone Number						
Enclos	ed is a check for the following amount:						
\$25	5.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

ELM ARCHIT			12 MAY 16 AM 11: 09
(Name of the Limited Liability C (A Florida Lim	ompany as it now appointed Liability Company	ears on or	ır records.)
The Articles of Organization for this Limited Liability Com Florida document number 1200054272.	npany were filed on	04	23 12 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Com	pany," th	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	NA		
(Principal office address MUST BE A STREET ADDRES	<u>(SS)</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ı our re	cords, <u>enter the name of the new</u>
Name of New Registered Agent:			
New Registered Office Address:	· · · · · -	Enter Flo	rida street address
	•	2.001 1 10	. Florida
	City		Zip Code
New Desistened Assetts Circulation of the sales Desistened A	4-		

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 ameading 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

MGRM = Managing Member

Type of Action Address Title <u>Name</u> Remove ☐ Add Remove ☐ Add ☐ Remove ☐ Add Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2012. Dated_ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00