

L12000103481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

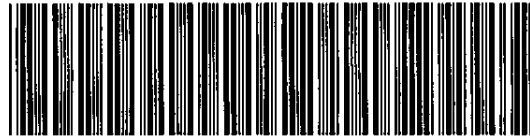
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600269020356

02/06/15--01011--008 **25.00

FILED
15 FEB -6 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4:51 PM FEB 13 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DS ARCHITECTURE 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:

CAMILLO GARCIA
Name of Person

DS ARCHITECTURE LLC
Firm/Company

256 SEMINOLE AVE
Address

PALM BEACH FL 33480
City/State and Zip Code

CAMILLO - dsarchitecture@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAMILLO GARCIA at (561) 809 0693
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

DS ARCHITECTURE 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 8/13/12 and assigned Florida document number L12000103481.

This amendment is submitted to amend the following: -

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

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)

256 SEMINOLE AVE

PALM BEACH, FL 33480

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

256 SEMINOLE AVE

PALM BEACH, FL 33480

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:

VICTOR CABAN-DIAZ

New Registered Office Address:

256 SEMINOLE AVE

Enter Florida street address

PALM BEACH

City

Florida

33480

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>
--------------	-------------	----------------	-----------------------

MGR	VICTOR CABAN-DIAZ	256 SEMINOLE AVE	<input checked="" type="checkbox"/> Add
	PRINCIPLE OFFICER.	PALM BEACH, FL 33480	<input type="checkbox"/> Remove

MGR	YURI GARCIA	256 SEMINOLE AVE	<input checked="" type="checkbox"/> Add
		PALM BEACH FL 33480	<input type="checkbox"/> Remove

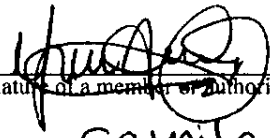
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 FEB 11 10:11 AM '11
11.000

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

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 _____, _____.



Signature of a member or authorized representative of a member

Camilo A. Garcia.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

15 FEB -6 AM 10:11
REGISTRY OF STATE
TALLAHASSEE, FLORIDA