

L120000113140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

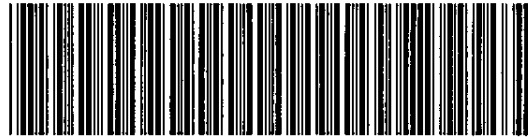
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800255569968

01/15/14--01013--019 **25.00

FILED
2014 JAN 15 PM 1:06
CLERK OF SUPERIOR COURT
TALLAHASSEE FLORIDA

JAN 21 9MI
J. BROOKS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ARCHIPLAN ARCHITECTS "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:

RAIMUNDO ONETTO

Name of Person

ARCHIPLAN USA

Firm/Company

2950 SW 27 AVE , SUITE 220

Address

MIAMI, FL 33133

City/State and Zip Code

RONETTO@ME.COM

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

For further information concerning this matter, please call:

RAIMUNDO ONETTO

Name of Person

at **(305) 4585405**

Area Code

Daytime Telephone Number

FILED
2014 JAN 15 PM 1:06
CLERK OF STATE
TALLAHASSEE FLORIDA

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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**

ARCHIPLAN ARCHITECTS "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 09/03/2012 and assigned
Florida document number L12000113140.

This amendment is submitted to amend the following:

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

ARCHIPLAN ASM1 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)

2950 SW 27 AVE

SUITE 220

MIAMI, FL 33133

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2950 SW 27 AVE

SUITE 220

MIAMI, FL 33133

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>
MGR	PATRICIO KREUTZBERGER	900 BISCAYNE BLVD	<input checked="" type="checkbox"/> Add
		APT 5706	<input type="checkbox"/> Remove
		MIAMI, FL 33132	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
2014 JAN 15 PM 1:07
OFFICE OF THE
CLERK OF THE
STATE
TALLAHASSEE
FLORIDA

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

January 13, 2014



Signature of a member or authorized representative of a member

FELIPE R ONETTO

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 JAN 15 PM 1:07
CLERK OF STATE
TALLAHASSEE FLORIDA