## L12000125259

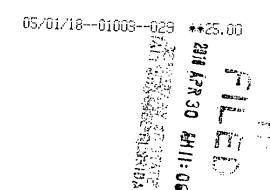
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## **COVER LETTER**

то:	Registration Se Division of Cor	ction porations		
		DON ARCHITECTURE, LLC	!	
SUBJ	ECT:	Name of Lim	ited Liability Company	
			, , ,	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		LUIS RENDON		
			Name of Person	
		LUIS RENDON ARCHIT	ECTURE, LLC	
			Firm/Company	·
		9128 STRADA PLACE #1	10115	
			Address	
		NAPLES, FL 34108		
		LUIS@LRA.COM.CO	City/State and Zip Code	
		E-mail address: (	to be used for future annual report noti	fication)
For fu	rther information c	oncerning this matter, please ca	all:	
LUIS	RENDON		239 2878751 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>■ \$2</b>	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

LUIS RENDON ARCHITECTURI	E,LLC		
(Name of the Limit	ed Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) ompany)	
The Articles of Organization for this Limited L Florida document number	and assigned		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability com	pany here:	
RENDON DESIGN STUDIO, LLC			
The new name must be distinguishable and contain the v	ords "Limited Liability Compa	any," the designation "LLC" or the a	bbreviation "L.L.
Enter new principal offices address, if applic	able:		75 P
(Principal office address MUST BE A STREE	75 W 984000		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
	<del></del>		3. 2. 40
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		lress on our records, <u>enter</u>	the name of the new
name of the Wingstered Figure.	9128 STRADA PLACE	#10115	
New Registered Office Address:		Enter Florida street address	
	NAPLES	3	4108
	City	, Florida	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Name</u>	Address	Type of Action
		□ Add
		□ Remove
•		☐ Change
		Add
		CI Remove
		□ Change
		Add
		□ Remove
		☐ Change
		Remove
		□ Change
		□ Remove 3
		□ Chánge ⇔
		——————————————————————————————————————

D. If amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessar	y.)		
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(If an effe <u>Note:</u> I	re date, if other than the date of filing:	.) Pursuant	to 605,0207 e listed as	7 (3)(l s the
If the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed.	on the e	earlier o	if:
Dated_	APRIL 27 , 2018			
	Signature of a member or authorized representative of a member	34 <sub>6-1</sub>		জ্ঞান্ত্র
	MIS ALBERTO RENDON.	1100	20 e	
	Typed or printed name of signee		0	
		7.10	1:7" A	. 2 3

Filing Fee: \$25.00