

L13000058551

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2013 MAY 13 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan

MAY 14 2013

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **BKLM 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:

Hernan Maldonado

Name of Person

BLKLM Architects, LLC

Firm/Company

45 Sheridan St.

Address

Cambridge, MA 02140

City/State and Zip Code

hmaldonado@klmarquitectos.com

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

For further information concerning this matter, please call:

Mandy Aloï

Name of Person

at (**305**) **365-0002**

Area Code & Daytime Telephone Number

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)

☐ \$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

2013 MAY 13 PM 3:13

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BKLM 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 04-22-2013 and assigned
Florida document number L13000058551.

This amendment is submitted to amend the following:

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

BLKLM ARCHITECTS 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 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

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jorge H.Lestard	Arroyo 828 4th	<input checked="" type="checkbox"/> Add
		Capital Federal, BA	<input type="checkbox"/> Remove
		1007 AR	
MGR	Hernan J. Lestard	Arroyo 828 4th	<input type="checkbox"/> Add
		Capital Federal, BA	<input checked="" type="checkbox"/> Remove
		1007 AR	
			<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

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

Dated May 6th, 2013



Signature of a member or authorized representative of a member

Hernan A Maldonado

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA