

L13000154232

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14 MAY - 9 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 20 2014
T. BROWN

TIMOTHY SCHROCK | ARCHITECTS, LLC.

10185 COLLINS AVE #409, BAL HARBOUR, FL 33154

PHONE: (786) 353-2533 FAX: (786) 353-2593

WWW.TIMOTHYSCHROCK.COM

5/5/2014

TO:

FLORIDA DEPT. OF STATE

REGISTRATION SECTION

PO Box 6327

TALLAHASSEE, FL 32314

RE: NAME CHANGE FOR SILVIA

Greetings,

I'm am writing to provide you with documentation to change my wifes name on the LLC I own. I wanted to put my bank info in her name, but her IDs are all "Silvia Barbara Espinosa". She did not change her name after our marriage in 2010.

Change from "Silvia Espinosa Schrock" to "Silvia Barbara Espinosa"

If you have any questions call me at (786) 353-2533 or email me at tschrock@timothyschrock.com

Thank you,



Timothy Schrock, AIA

Owner of Timothy Schrock Architects, LLC.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Timothy Schrock 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:

Timothy Schrock

Name of Person

Timothy Schrock Architects, LLC.

Firm/Company

10185 Collins Ave. #409

Address

Bal Harbour, FL. 33154

City/State and Zip Code

tschrock@timothyschrock.com

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

For further information concerning this matter, please call:

Timothy Schrock

Name of Person

at (786) 353-2533

Area Code

Daytime Telephone Number

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**

FILED
14 MAY -9 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Timothy Schrock 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 October 31, 2013 and assigned
Florida document number L13000154232.

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) _____

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 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>
MGRM	SILVIA BARBARA ESPINOSA	10185 COLLINS AVE #409	<input checked="" type="checkbox"/> Add
		BAL HARBOUR, FL 33154	<input type="checkbox"/> Remove
MGRM	SILVIA ESPINOSA SCHROCK	10185 COLLINS AVE #409	<input type="checkbox"/> Add
		BAL HARBOUR, FL 33154	<input checked="" 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

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 MAY 5, 2014.



Signature of a member or authorized representative of a member

TIMOTHY RAY SCHROCK

Typed or printed name of signee