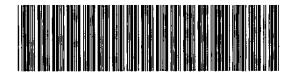
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#### **COVER LETTER**

TO:

Registration Section Division of Corporations

ARCHITEXTURE LLC

SUBJECT:

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:

# CONCETTA R LUPARDO

Name of Person

## CONCETTA R LUPARDO CPA PA

Firm/Company

2263 NW 2 AVE 204

Address

# **BOCA RATON FL 33431**

City/State and Zip Code

## CONCETTA@LUPARDOCPA.COM

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

For further information concerning this matter, please call:

# CONCETTA LUPARDO

954 6921350

Name of Person

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

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARCHITEXTURE LLC					
(Name of the Limite)	d Liability Compa A Florida Limited I	ny as it now appears on o liability Company)	ur records.)		
The Articles of Organization for this Limited Lia Florida document number L14000093045	bility Company	were filed on <u>6/3/14</u>	<u> </u>	and assign	ned
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liab	lity company here:			
The new name must be distinguishable and end with the w	ords "Limited Liab	ility Company," the designa	ation "LLC" or the a	bbreviation "L.L	. <u>C."</u>
Enter new principal offices address, if applical	ble:	1008 GUAVA	ISLE		
(Principal office address MUST BE A STREET	ADDRESS)	FT LAUDERD	ALE FL 333	15	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	PO BOX 2095 FT LAUDERDA	ALE FL 333	03	
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered of ce address here	fice address on our	records, enter	the name of	the_new
Name of New Registered Agent:	GAIA CAL	CATERRA			
New Registered Office Address:	1008 GUA		<del> </del>	10 ARW 1888	
	FT LAUDE	Enter Florida stre	eet address , Florida 33	33152 -	
		City		. Zp Gode 🛌	." <i>'</i> .

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

Page 1 of &

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>	Name	Address	Type of Action
MGR	TAMMY STUART	1108 GUAVA ISLE	□ Add
		FT LAUDERDALE FL 33315	■ Remove
AMBR	GAIA CALCATERRA	1008 GUAVA ISLE	Add
		FT LAUDERDALE FL 33315	□ Remove
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Filing Fee: \$25.00

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