

L15000032194

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TALLAHASSEE, FLORIDA

APR 13 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ASSOCIATED PROFESSIONAL DESIGN, 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:

William Watson Trick, Jr., Esquire

Name of Person

William Watson Trick, Jr., P.A.

Firm/Company

1216 East Atlantic Boulevard Suite 7

Address

Pompano Beach, FL 33060

City/State and Zip Code

cynthia @ apd-engineering.com

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

For further information concerning this matter, please call:

Cynthia Torres

Name of Person

at (954)

Area Code

913-8307

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**

ASSOCIATED PROFESSIONAL DESIGN, 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 February 20, 2015 and assigned
Florida document number L15000032194.

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 contain 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)

500 NE Spanish River Boulevard

Suite 203

Boca Raton, FL 33431

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

500 NE Spanish River Boulevard

Suite 203

Boca Raton, FL 33431

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:

Cynthia Torres

New Registered Office Address:

500 NE Spanish River Boulevard Suite 203

Enter Florida street address

Boca Raton


, Florida 33431

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
AMBR	Peter Worthy	1640 NW 2 Avenue	<input type="checkbox"/> Add
		Boca Raton, FL 33432	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Victor Gerardo Garaycochea	1640 NW 2 Avenue	<input type="checkbox"/> Add
		Boca Raton, FL 33432	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Cynthia Torres	500 NE Spanish River Boulevard	<input checked="" type="checkbox"/> Add
		Suite 203	<input type="checkbox"/> Remove
		Boca Raton, FL 33431	<input type="checkbox"/> Change
AMBR	James Sammartino	500 NE Spanish River Boulevard	<input checked="" type="checkbox"/> Add
		Suite 203	<input type="checkbox"/> Remove
		Boca Raton, FL 33431	<input type="checkbox"/> Change
AMBR	Martin Whitelocke	500 NE Spanish River Boulevard	<input checked="" type="checkbox"/> Add
		Suite 203	<input type="checkbox"/> Remove
		Boca Raton, FL 33431	<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

16 APR 1 10:25 PM
STATE OF FLORIDA
TALLAHASSEE, FL
PRIDA

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated March 21, 2016

Signature of a member or authorized representative of a member

Cynthia Torres
Typed or printed name of signee

Filing Fee: \$25.00

15 APR 11 PM 4:25
SEC. OF STATE
TALLAHASSEE, FLORIDA