1150000 41272

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(Address)
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(Business Entity Name)
(Document Number)
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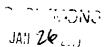
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COVER LETTER

TO:	Registration Se Division of Cor			
		RIESE CONSULTING, 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	ndence concerning this matter	to the following:	
		WOODY FRIESE		
		WOODY FRIESE ARCHI	Name of Person TECTURE, LLC	
			Firm/Company	<u></u>
		7844 GRANDE SHORES	DRIVE	
		SARASOTA, FL 34240	Address	
		WFRIESEARCHITECTUR	City/State and Zip Code E@GMAIL.COM	
		E-mail address: (to be used for future annual report notif	lication)
For fu	rther information c	oncerning this matter, please ca	ali:	
woo	DY FRIESE		at ()	e Telephone Number
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclos	sed is a check for th	ne following amount:		
□ \$ 2	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

WOODY FRIESE CONSULTING, ELC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 03-06-2015	and assigned
Florida document number L15000041272		
This are a decreased a company the following:		100 J
A. If amending name, enter the new name of the limited liab	ility company here:	题美产
WOODY FRIESE ARCHITECTURE, LLC		E C E
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "Lago."
Enter new principal offices address if applicable	7844 GRANDE SHORES DRIVE	10.00
A. If amending name, enter the new name of the limited liab WOODY FRIESE ARCHITECTURE, LLC The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	SARASOTA, FL 34240	2000
Enter new mailing address, if applicable:	7844 GRANDE SHORES DRIVE	
(Mailing address MAY BE A POST OFFICE BOX)	SARASOTA, FL 34240	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		nter the name of the n
Name of New Registered Agent:	.	
New Registered Office Address:	Enter Florida street address	
	. Florid	la
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

WAARY CRUCCE CONCLUTING ALC

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			Add
			□ Remove
			SECOND Change
			Change Change RAdd TO
			OF STORION
			P. T. 19 □ Change
			Add
			Remove
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	01-16-2019		_
tive date, if other than the date of filin ffective date is listed, the date must be specific and			(optional)
ffective date is listed, the date must be specific and If the date inserted in this block does not a	id cannot be prior to date of meet the applicable sta	of filing or more than 90 da tutory filing requiremen	iys after filing.) Pursuant to 605.02 nts, this date will not be listed
ment's effective date on the Department of S		,	
ecord specifies a delayed effective of e 90th day after the record is filed.		ffective time, at 12	2:01 a.m. on the earlier
JANUARY 16	2019		
1 / / / / / / / / / / / / / / / / / / /			

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Typed or printed name of signee

Filing Fee: \$25.00