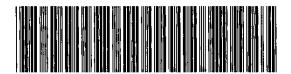
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies Certificates of Status				
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2015 JUN 22 AM II: 25

K.SALY EXAMINER JUN 23 2015



Division of Corporations



June 9, 2015

BASED ARCHITECTS, LLC ADRIAN HEID 484 SILVER PALM WAY WESTON, FL 33327

SUBJECT: BASED ARCHITECTS, LLC

Ref. Number: L15000082759

We have received your document for BASED ARCHITECTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is missing the signature page, (last page). Enclosed is a signature page for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 515A00012087

## **COVER LETTER**

Div	ision of Corp	porations				
SUBJECT:	Based Arch	nitects, LLC				
SONJECT.	Name of Limited Liability Company					
The anclose	d Articles of	Amoudment and foo(s) are sub-	mittad for filing			
			-			
Please returr	all correspoi	ndence concerning this matter	to the following:			
		Adrian Heid				
		_	Name of Person			
		Based Architects, LLC				
Firm/Company						
		484 Silver Palm Way				
			Address			
		Weston/Florida 33327				
		_	City/State and Zip Code			
			•	cation)		
For further is	nformation co	oncerning this matter, please ca	all:			
Adrian Hei	t t		954 9070606			
Name of Person  Based Architects, LLC  Firm/Company  484 Silver Palm Way  Address  Weston/Florida 33327  City/State and Zip Code adrianheid@gmail.com E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Adrian Heid  Adrian Heid  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$25,00 Filing Fee  \$30,00 Filing Fee & Certified Copy (additional copy is enclosed)  Certificate of Status (certified Copy)  (additional copy is enclosed)	Telephone Number					
Enclosed is a	a check for th	e following amount:				
■ \$25.00 F	Filing Fee		Certified Copy	Certificate of Status &		

MAILING ADDRESS:

TO:

Registration Section

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 2015 JUN 22 AMII: 28

Based Architects, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited I	iability Company were filed on <sup>0</sup>	5/11/2015	and assigned
Florida document number L15000082759	Siability Company were fried on _		and assigned
Norida document number	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company l	<u>iere</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
	<del> </del>		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE			
-			
B. If amending the registered agent and		n our records, <u>ente</u> i	the name of the
registered agent and/or the new registered o	office address here:		
Name of New Registered Agent:	Sabah Azhar Corso		
New Registered Office Address: 1060 Brickell Ave., Apt. 3005			
	Enter Fl	orida street address	
	Miami	, Florida <u>3</u>	3131
	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>	Type of Action
P	Sabah Azhar Corso	1060 Brickell Ave., Apt. 3005, M	■ Add
			Remove
			Change
			☐ Remove
		·	Change
			Change  GAdd  Remove
		□ Remove  Change	
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(If an effective d <u>Note:</u> If the	ite, if other than the d date is listed, the date must be date inserted in this bloce effective date on the Dep	e specific and k does not r	d cannot be prio nect the appli	cable statutory f	or more than 90 Iling requirem	(optional) days after filing ents, this date	.) Pursuant to 60:	5.0207 (3 ed as th
	specifies a delayed of day after the recor			ot an effectiv	e time, at 1	l2:01 a.m.	on the earli	er of:
Dated _ <b>O</b>	<mark>9/15/2015</mark> s	gnature of a	member or auti	orized represents	itive of a membe	 er		
		Nica	SCHAR	_				

Page 3 of 3

Filing Fee: \$25.00