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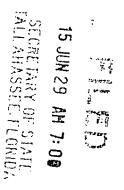
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## **COVER LETTER**

Divisio	on of Corporations			
SUBJECT:	KREMER + ARCHITECTURE LLC			
SUBJECT:	Name of Limited Liability Company			
The enclosed Ar	rticles of Amendment and fee(s) are submitted for filing.			
Please return all	correspondence concerning this matter to the following:			
	BEIMAN KREMER			
Name of Person				
KREMER + ARCHITECTURE LLC				
Firm/Company				
10419 OLD CUTLER RD# 107				
	Address			
	CUTLER BAY, FLORIDA, 33190			
	City/State and Zip Code			
	bjtaxserv@gmail.com			
	E-mail address: (to be used for future annual report notification)			
For further infor	rmation concerning this matter, please call:			
BADER ALE	786 953- 5879 at ( )			
	Name of Person Area Code Daytime Telephone Number	_		
Enclosed is a ch	neck for the following amount:			
□ \$25.00 Filin	rg Fee ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filin	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

RE LLC		
Liability Company as it now appears Florida Limited Liability Company)	s on our records.)	
ility Company were filed on	5/18/2015	and assigned
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ne limited liability company he	<u>re</u> :	
is "Limited Liability Company," the de	esignation "LLC" or the	abbreviation "L.L.C."
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ADDRESS)		
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#### 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
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	he date inserted in the 's effective date on the			ie statutory illin	g requirements, th	his date will not be lis	icu as
record	d specifies a del	ayed effective of	date, but not	an effective f	time, at 12:01	a.m. on the earl	ier o
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				2+XX			
		Signature of a	member or authori	zed representative	of a member		

Page 3 of 3

Filing Fee: \$25.00