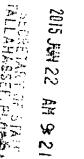
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JUN 2 3 2015

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JOHN FRISCS ARCHITECTS 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:
JOHN J. FRISCO III Name of Person
JOHN FRISCO ARCHITECTS U.C. Firm/Company
113 BROADBRANCH WAY
ST JOHNS FLORIDA 32259 City/State and Zip Code Friscoaia a gmail. Com E-mail address: (to be used for future angulal report notification)
For further information concerning this matter, please call:
SAME AS ABOVE at (904) 673 - 4329 Name of Person Area Code Daytime Telephone Number
Englosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Status Status Status} \text{Certified Copy (additional copy is enclosed)} \$\ \text{Solonon Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{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

JOHN FRISCO		LLC
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>6-10-2</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
JOHN FRISCO A		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2015
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flori	e de la compania del compania del compania de la compania del la compania de la compania del la compania de la compania del la compania de
	City	Zip Code

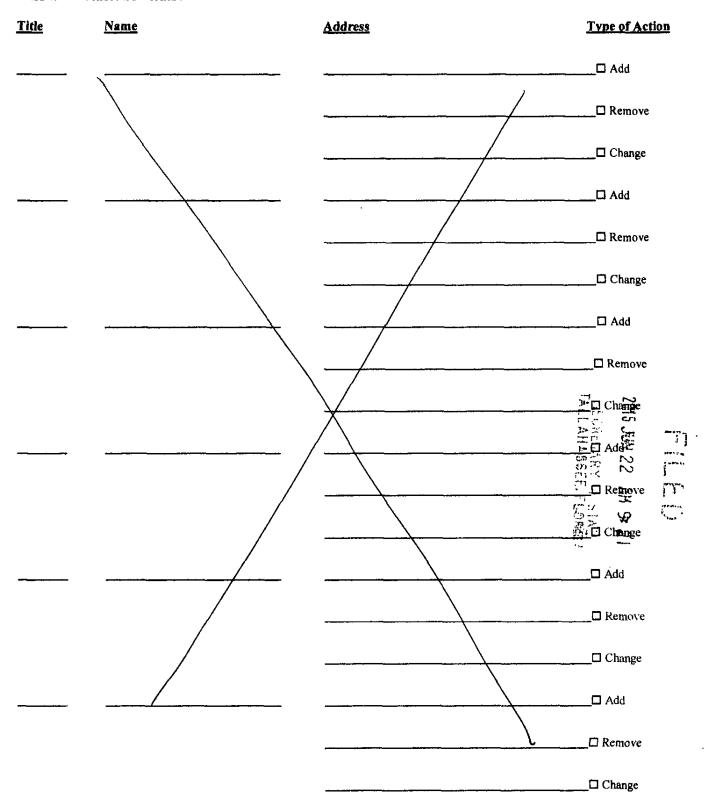
New Registered Agent's Signature, if changing Registered Agent:

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



Page 2 of 3

CLARIFICATION - NAME HAD	to CHA	16E	
FROM ARCHITECTS (F	PLUKAL)	To	
ARCHITECT (SINGULAR)	PER	DBPF	₹
REQUIREMENTS.			
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flective date, if other than the date of filing: flective date is listed, the date must be specific and cannot be prior to date of filing or If the date inserted in this block does not meet the applicable statutory fil ment's effective date on the Department of State's records.	r more than 90 days after ling requirements, th	is date will not	be liste
ecord specifies a delayed effective date, but not an effective e 90th day after the record is filed.	e time, at 12:01	a.m. on the	earlie
6/13 , 2015			
July Trice Iss Signature of amember or authorized representat	ive of a member		_

Page 3 of 3

Filing Fee: \$25.00