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COVER LETTER

TO:	Registration Sect Division of Corpo			
eunir	The	mas & Melhorn Architects, L	LLC	
SUBJE	CI:	Name of Limi	ited Liability Company	
The enc	losed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspond	dence concerning this matter	to the following:	
		Christian J. Thomas		
			Name of Person	
		Thomas & Melhom Archit	ects, LLC	
			Firm/Company	
		935 Town Hall Avenue, St	uite 2	
			Address	
		Jupiter, Florida 33458		
			City/State and Zip Code	
		christian@christianthom		/
		E-mail address: (t	to be used for future annual report notific	ration)
For furt	her information cor	ncerning this matter, please ca	ill:	
Chri	stian J. Thomas		561 768-9623	
	Name of I	Person	Area Code Daytime	l'elephone Number
Enclose	d is a check for the	following amount:		
■ \$2 5	.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:

TO:

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

Thomas & Melhorn Architects, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appe<u>ars on ou</u> liability Company)	r records.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on June 23,	2015 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
Thomas Melhorn Architecture, LLC		,
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designati	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2019
Principal office address MUST BE A STREET ADDRESS)	N/A	, D
Trincipal office dadress MOST BE TISTNESS TO ENGLISH		N
C. A		- 00 CJ
Enter new mailing address, if applicable:		- 53 - 53
(Mailing address MAY BE A POST OFFICE BOX)		
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: N/A		records, enter the name of the
New Registered Office Address:	Enter Florida stre	ret address
		F3) 4.5
	City	, Florida Zip Code

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 smending 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>	Address	Type of Action
N/A			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change
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			☐ Remove
			☐ Add
			□ Remove
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			☐ Remove
			Change

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	N/A
	date, if other than the date of filing: (optional)
ctive (e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
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Filing Fee: \$25.00