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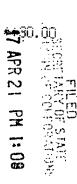
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COVER LETTER

BP & Asso SUBJECT:	ociates Architecture & Project M	Management LLC	
SOBJECT,	Name of Lin	nited Liability Company	
		•	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Bruce Poland		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	BP & Associates Architect	ture & Project Management LLC	
		Firm/Company	
	1016 San Pedro Drive		
		Address	
	Dunedin, FL 34698		
		City/State and Zip Code	
		to be used for future annual report notifi	
For further information of	concerning this matter, please co		ication)
	concerning this matter, please c.	an.	
Nikki Blanton		727 641-2508 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is euclosed)	☐ \$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

iability Company as it now appears on our i	records.)		
lorida Limited Liability Company)	<u></u>		
ity Company were filed on 11-16-15	and assigned		
ng:			
limited liability company here:			
"Limited Liability Company," the designation	"LLC" or the abbreviation "LLC."		
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DDRESS)	- 65 m		
<u> </u>	8 35		
registered office address on our re address here:	cords, <u>enter the name of the new</u>		
Enter Florida street d	uddress		
City	_, Florida Zip Code		
	ity Company as it now appears on our lorida Limited Liability Company) ity Company were filed on		

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

$MGR \doteq M$ $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		02/16/2017			
ctive date, if other than the effective date is listed, the date in	ne date of filing:	nnot be prior to date	of filing or more tha	(optional)	Pursuant to 605.0207
e: If the date inserted in this ument's effective date on the	block does not mee	et the applicable s	tatutory filing requ	uirements, this date w	vill not be listed as
ament a creetive date on the	Department of Stat	e s records.			
ecord specifies a delay	ed effective dat	e, but not an	effective time.	at 12:01 a.m. c	n the earlier of
ne 90th day after the re	cord is filed.		,	_	
April 18		2017			
ed April 18	• -				-
Klivvi	Bla. 4	\sim			7 AI
	Signature of a mer	nber or authorized	representative of a n	nember	#PR 2
Nikki Blanton					

Page 3 of 3

Filing Fee: \$25.00