

L16 0000 40850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

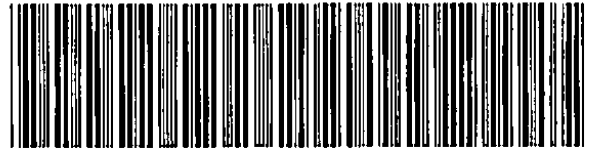
(Business Entity Name)

(Document Number)

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04/20/20--01027--026 \*\*43.75

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2020 MAY 12 AM 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

MAY 13 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ARCHITECTURAL DESIGN STUDIOS 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:

KRIS HAVENS

Name of Person

ARCHITECTURAL DESIGN STUDIOS

Firm/Company

250 N. CONGRESS AVE, UNIT A

Address

DELRAY BEACH, FL. 33445

City/State and Zip Code

Kris@ADStudios.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KRIS HAVENS

Name of Person

at ( 954 )

Area Code

263-0145

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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)

\$55 - 43.75 PD = \$11.25

CHECK  
#1363

ENCLOSED  
CH. #1367

\* Mailing Address:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ARCHITECTURAL DESIGN STUDIOS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 2-26-2016 and assigned  
Florida document number L16000040850.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

250 N. CONGRESS AVE., UNIT A  
DELRAY BEACH, FL. 33445-3415

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

250 N. CONGRESS AVE., UNIT A  
DELRAY BEACH, FL. 33445-3415

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

KRISTA HAVENS

New Registered Office Address:

250 N. CONGRESS AVE., UNIT A

Enter Florida street address

DELRAY BEACH

City

Florida

33445-3415

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.*

Krista A. Havens

**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>	<u>Type of Action</u>
<u>AR</u>	<u>NICOLETTE CREZZOLI</u>	<u>582 PALM Way</u>	<input type="checkbox"/> Add
		<u>GULF STREAM, FL. 33483</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

2020 MAY 2 AM 11:34  
SECRET  
CALIFORNIA STATE POLICE

This image shows a single page from a notebook or ledger. It features approximately 20 evenly spaced, thin black horizontal lines running across its width. The lines are uniform in thickness and spacing, providing a guide for handwriting. There are no vertical margin lines, headers, footers, or other markings present on the page. The background is a solid off-white color.

(If an effective 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 605.0207 (3)(f)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

*Kris Haven*  
Signature of a member or authorized representative of a member

Typed or printed name of signee

2020 MAY 12 AM 11:34  
STATION: 10010100  
INSTRUMENT: 10010100

**Filing Fee: \$25.00**