

L16000162647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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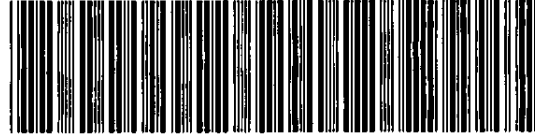
(Business Entity Name)

(Document Number)

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CT CORPORATION C/O SUNSHINE CORPORATE

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724



850-508-1891 (cell)

9/19/2016

ACCOUNT NUMBER: FCA000000023

Name:	KBJ-L&B Architects, LLC
Document #:	
Order #:	

Certified Copy of Arts & Amend:				
Plain Copy:				
Certificate of Good Standing:				
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Amount: \$ 25

Thank you!

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KBJ-L&B 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:

Amy Brown

Name of Person

Katz Teller

Firm/Company

255 E Fifth St Ste 2400

Address

Cincinnati OH 45202

City/State and Zip Code

abrown@katzteller.com

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

For further information concerning this matter, please call:

Amy Brown

513 977-3486
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

KBJ-L&B Architects, 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 August 30, 2016 and assigned
Florida document number L16000162647.

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 "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)

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:

New Registered Office Address:

Enter Florida street address

Florida

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President	Thomas K. Rensing	510 North Julia Street	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32202	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	Brian P. Reed	510 North Julia Street	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32202	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Ex VP	Mark A. Perryman	11279 Cornell Park Drive Cincinnati OH 45242	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Ex VP	Jeffrey N. Thomas	11279 Cornell Park Drive Cincinnati OH 45242	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Ex VP	Berta Fernandez	11279 Cornell Park Drive Cincinnati OH 45242	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Sec/Trea	Dennis E. Peters	11279 Cornell Park Drive Cincinnati OH 45242	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 SEP 19 2019
 SECRETARY OF STATE
 JEFFREY N. THOMAS
 CINCINNATI, OH 45242

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated September 16, 2016

Ann L. O'H

Dennis E. Peters, Manager

Page 3 of 3

Filing Fee: \$25.00

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