



Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document

((H230002941613))



H2300029416134EC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FC4000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KBI-L&B ARCHITECTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

2023 AUG 24 AM 9:34

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 AUG 24 PM 11:59

Electronic Filing Menu

Corporate Filing Menu

Help T. LEI. CUX

AUG 25 2023

DocuSign Envelope ID: C3E7896B-CB19-4176-B7CE-5104349A0300

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4445 LAKE FOREST DRIVE

SUITE 700

CINCINNATI, OH 45242

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4445 LAKE FOREST DRIVE

SUITE 700

CINCINNATI, OH 45242 US

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

DocuSign Envelope ID: C3E7896B-CB19-4176-B7CE-5104349A0900

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	☐ Add
		Jacksonville, FL 32202	☒ Remove
		-	☐ Change
CEO	Brian P. Reed	510 North Julia Street	☐ Add
		Jacksonville, FL 32202	☒ Remove
		-	☐ Change
Ex VP	Mark A. Perryman	11279 Cornell Park Drive	☐ Add
		Cincinnati, OH 45242	☒ Remove
		-	☐ Change
Ex VP	Jeffrey N. Thomas	11279 Cornell Park Drive	☐ Add
		Cincinnati, OH 45242	☒ Remove
		-	☐ Change
Ex VP	Berta Fernandez	11279 Cornell Park Drive	☐ Add
		Cincinnati, OH 45242	☒ Remove
		-	☐ Change
Sec Treas	Dennis E. Peters	11279 Cornell Park Drive	☐ Add
		Cincinnati, OH 45242	☒ Remove
		-	☐ Change

