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D. SCOTT APR 2 4 2017

COVER LETTER

TO: Registration S Division of Co				
SUBJECT: Kimmich	Architecture + design, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	condence concerning this matter	to the following:		
	Justin Kimmich			
		Name of Person		
	Kimmich Smith Architec	ture, LLC		
		Firm/Company		
	2803 W. Busch Blvd, Suite	e 101		
		Address		
	Tampa, Florida 33618			
		City/State and Zip Code		
	jakimmich@yahoo.com			
	E-mail address: (to be used for future annual report notif	ication)	
For further information	concerning this matter, please ca	all:		
Justin Kimmich		813 540.6877		TAECO III
Name	of Person	Area Code Daytime	2 Telephone Number	FILED MR 21 M DRIVESEE!
Enclosed is a check for	the following amount:			FIG. E
□ \$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	7: 18 STATE LORIDA

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

Kimmich Architecture + design, LLC (Name of the Limited Liability Compa (A Florida Limited I	uny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L17000010728	were filed on <u>January 13, 2017</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Kimmich Smith Architecture, LLC The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2803 W Busch Blvd, Suite 101
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33618
Enter new mailing address, if applicable:	2803 W Busch Blvd, Suite 101
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33618
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:	TO T
New Registered Office Address:	Enter Florida street address
	, Florida

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 = . M • AMBR = A	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
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Filing Fee: \$25.00