## 117000085412

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
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DIVISION OF COMPCENTIONS

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## **COVER LETTER**

то:	Registration Se Division of Cor			
SUBI	ECT: CHRISTOPHE	R JOHNSON ARCHITECTURE LLC		
			nited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		CHRISTOPHER JOHN		
			Name of Person	
		CHRISTOPHER JOHN	ISON ARCHITECTURE ILC	
			Firm/Company	
		I050 NW IST AVE STE 6		
			Address	
		BOCA RATON - FL 33432		
			City/State and Zip Code	
		JANINE@SEEJAYDESIGN.CO	M to be used for future annual report notif	Tatable 1
1	a se e		·	(cation)
ror iu	rther information c	oncerning this matter, please ca	all:	
	janine jo	иогинс	at (954 ) 6616834	
	Name o	f Person	at (954 ) 6616834 Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>⊠</b> \$2	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)

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

CHRISTOPHER JOHNSON ARCH	d Liability Company as it now appears on o	ur records \
OFFICER (Name of the Limits	A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	ability Company were filed on 4/17/2017	and assigned
Florida document number L17000085412		
This amendment is submitted to amend the follow	wing:	and assigned  OF COMP
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation	ion "LLC" or the abbreviation "FL.C.
Enter new principal offices address, if applica	ıble:	
(Principal office address MUST BE A STREET	(ADDRESS)	10.00
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE E	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered off	.,	records, enter the name of the new
Name of New Registered Agent:	CHRISTOPHER DAVID JOHNSO	N
New Registered Office Address:	1050 NW 1ST AVE STE 6 Enter Florida str	eet address
	BOCA RATON	. Florida 33432
	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
PRESIDENT	CHRISTOPHER JOHNSON	1050 NW 1ST AVE STE6 BOCA RATON-FL 33432	<b>[</b> Z] Add
			□ Remove
			□ Change
VICE PRESIDENT	JANINE JOHNSON	1050 NW 1ST AVE STE6 BOCA RATON-FL 33432	☑ Add
			☐ Remove
			☐ Change
	-		
			Shvision of Cichand II: 04
		PRESERVE TO COMPANY TO	
			₹0 □ Remove
		<del></del>	□ Change
			🗀 Add
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			Change
			Remove
			Change

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(if an ei <u>Note:</u>	te date, if other than the date of filing:	17 (3)(b is the
the reb) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.	of:
	JUNE.12 . 2017	
Dated	Signature of a menth of authorized representative of a mainter	

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Typed or printed name of signee

Filing Fee: \$25.00