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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 7, 2018

IRVIN CUELLAR 14863 SW 40 TERRACE MIAMI, FL 33185

SUBJECT: CUELLAR & COMPANY ARCHITECTS LLC

Ref. Number: L17000192338

We have received your document for CUELLAR & COMPANY ARCHITECTS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Florida LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II

Letter Number: 118A00004644

PERSONAL PR 2: 11
DEPARTMENT OF STATE
VISION OF CORPORATION
VISION

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

| | Registration Sec Division of Corp | | | |
|---|--------------------------------------|---|-----------------------|--|
| elib le <i>c</i> e | | | SLLC | |
| SUBJEC | I: | Name of Limi | ted Liability Company | |
| The enclo | sed Articles of A | Amendment and fee(s) are sub- | mitted for filing. | |
| Please ret | um all correspon | ndence concerning this matter | to the following: | |
| | | IRVIN J CUELLAR | | |
| | | - | Name of Person | |
| | | CUELLAR & COMPANY | ARCHITECTS LLC | |
| | | | Firm/Company | |
| | | 14863 SW 40 TER | | |
| | | | | |
| | | MIAMI, FL 33185 | | |
| | | ILAR & COMPANY ARCHITECTS LLC Name of Limited Liability Company les of Amendment and fee(s) are submitted for filing. rrespondence concerning this matter to the following: IRVIN J CUELLAR Name of Person CUELLAR & COMPANY ARCHITECTS LLC Firm/Company 14863 SW 40 TER Address MIAMI, FL 33185 City/State and Zip Code IRVINJCR@GMAIL.COM E-mail address: (to be used for future annual report notification) tion concerning this matter, please call: R at (| | |
| CUELLAR & COMPANY ARCHITECTS LI Name of Limited The enclosed Articles of Amendment and fee(s) are submitted. The enclosed Articles of Amendment and fee(s) are submitted. IRVIN J CUELLAR CUELLAR & COMPANY AFTER MIAMI, FL 33185 IRVINJCR@GMAIL.COM E-mail address: (to be the following amount: IRVIN J CUELLAR Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee \$30.00 Filing Fee & | | | | |
| For furthe | r information co | | | Cations |
| IRVIN J | CUELLAR | | 305 923-4346 | |
| | Name of | f Person | Area Code Daytime | Telephone Number |
| Enclosed | is a check for th | e following amount: | | |
| □ \$ 25.0 | 0 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |

MAILING ADDRESS:

TO:

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

| CUELLAR & COMPANY ARCHITECT | | |
|---|---|--|
| (Name of the Limited Lie (A Flo | ability Company as it now appears on our orida Limited Liability Company) | records.) |
| The Articles of Organization for this Limited Liabilit | ty Company were filed on | and assigned |
| Florida document number L17000192338 | · | |
| This amendment is submitted to amend the following | g: | |
| A. If amending name, enter the new name of the | limited liability company here: | |
| CUELLAR & COMPANY LLC | | 式 · · · · · · · · · · · · · · · · · · · |
| The new name must be distinguishable and contain the words | 'Limited Liability Company," the designation | in "LLC" or the abbreviation "L,L.C." |
| Enter new principal offices address, if applicable: | | 10000000000000000000000000000000000000 |
| (Principal office address MUST BE A STREET AL | ODRESS) | WAY OF M |
| | | PH 22 |
| | | 2: 13 0:10 |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX | 2 | |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office: | | ecords, <u>enter the name of the new</u> |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| Ten registered office runtess. | Enter Florida stree | t 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 = M $AMBR = A$ | anager uthorized Member | | |
|--------------------|----------------------------|-------------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| f an cfl | date, if other than the date of filing: |
| | he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a 's effective date on the Department of State's records. |
| ooun | s effective date on the Department of State 3 records. |
| ne red The | d 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. |
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| | 3/13/18 |
| Dated | |
| Dated | AM. 89 P |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00