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S. YOUNG

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TO:		stration Sec ion of Cor		٢			· ŕ
снын			ma San Vicente Architect LLC	;	•		-
SUDJI	.cr: _		Name of Limi	ited Liability (Company		
The en	closed /	Articles of 7	Amendment and fee(s) are subi	mitted for til	ing.		
Please	return a	ill correspoi	ndence concerning this matter t	to the follow	ing:		
			Maria X San Vicente				
				Name	of Person		
			Maria Ximena San Vicente	e Architect L	LC		
				Firm/Q	Company		
			1881 Middle River Dr Apt	202			
				Ad	iress		
			Fort Lauderdale, FL 33301				
				City/State a	nd Zip Code	<u></u>	
			xsvm@yahoo.com 	o ha osal far	tistures consumi	Leanaet nastifia	otion)
For fur	ther infi	ormation co	procerning this matter, please ca			i report invitte	
Maria	X San V	Vicente		-		571922	
		Name of	Person) ea Code	Daytime	Felephone Number
F		-la vala Gunala	6.11				
	ed is a c		e following amount: □ \$30.00 Filing Fee & Certificate of Status	Certit	Filing Fee ied Copy mal copy is en		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclose)
		Registra Divisio P.O. Bo	NG ADDRESS: ution Section of Corporations ix 6327 ssee, FL 32314		Registra Division Clifton I 2661 Ex	tion Section 1 of Corporat	er Circle

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MARIA XIMENA SAN VICENTE ARCHITECT LL	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	<u>y as it now appears on our records.</u>) ability Company)
The Articles of Organization for this Limited Liability Company	vere filed on May 13,2019 and assigned
Porida document number <u>1.19000128587</u> .	
This amendment is submitted to amend the following:	
• If amonding name, ontog the name same of the limited links	it
A. If amending name, <u>enter the new name of the limited liabi</u>	ity company nere:
he new name must be distinguishable and contain the words "Limited Liabil	y Company." the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	- 10 - 5
Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRESS)</u>	
	TS 5
	THE THE T
	THE
Principal office address MUST BE A STREET ADDRESS)	THE 28 AT SSEE FLORING
<u>Principal office address MUST BE A STREET ADDRESS</u> Enter new mailing address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	

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.

Cuy

If Changing Registered Agent, Signature of New Registered Agent

i.a.

Zip Code

· 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> PRINCIPAL OFFICER	Name	Address	Type of Action
OFFIGER	Maria X San Vicente	1881 Middle River Drive #202 Fort Lauderdale, FL 33305	Add
			Remove
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Effective date, if other th If an effective date is listed, the of <u>Note:</u> If the date inserted in document's effective date of he record specifies a de The 90th day after th	this block does not meet n the Department of State elayed effective date	the applicable statute 's records.	ry filing requirements	: this date will not be list	ted a
May 22	2	019			
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		ber or authorized repres	antative of a member		
		as a municiped teltes	smause of a memoer		
Maria X San Vie					

Filing Fee: \$25.00