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(Requestor's Name)

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(City/State/Zip/Phone #)

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2020 MAR 23 PM 12:13
ALBRIGHTON

cc
Amend
Name Chg

APR 03 2020
ALBRIGHTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rhodes Architecture & Engineering, LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bradley K. Rhodes

Name of Person

Rhodes Architecture & Engineering, LLC

Firm Company

8417 Sanchez Rd.

Address

Jacksonville, FL 32217

City, State and Zip Code
bradrhodes1123@gmail.com

(E-mail address may be used for future annual report notification)

For further information concerning this matter, please call:

Brad Rhodes

904

252-8223

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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 6527
Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Rhodes Architecture & Engineering, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/20/2019 and assigned
Florida document number L19000175446

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Rhodes Architecture, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 per:

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

Amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
IGR	Amanda Rhodes	8417 Sanchez Rd., Jacksonville, FL 32217	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020, a

Note: If the date inserted in this block does not meet the applicable statutory timing requirements, this date will not be the document's effective date on the Department of State's records.

Of the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

March 17th 2020

[Signature]

_____, Secretary and Director of Authorized Representative of a Member

Bradley K. Rhodes

Typed or printed name of signer, _____

editing fee: \$25.00