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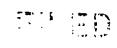
COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: WES SEAF	BORN, ARCHITECT, LLC Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	John Wesley Scaborn		
	·	Name of Person	
	Wes Scaborn, Architect, L	LC	
		Firm/Company	
	331 Turtle Cove		
		Address	
	Panama City Beach, FL 32	2413	
		City/State and Zip Code	
	wes@wesseaborn.com		
	E-mail address: (to be used for future annual report notific	ration)
For further information c	oncerning this matter, please co	all:	
John Wesley Scaborn		850 527-4084	
Name o	f Person	at ()	Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	S30.00 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:		Street Address:	
Registration Section		Registration Section	
Division of Corporations		Division of Corporations The Centre of Tallahassee	
P.O. Box 632 Tallahassee, 1		2415 N. Monroe	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



2021 HOV -8 AH IO: 38

WES SEABORN, ARCHITECT, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 23, 2019 Florida document number L19000216401 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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 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>	Address	Type of Action
AMBR	Adrienne M Seaborn	331 Turtle Cove	≣ ∧dd
		Panama City Beach, FL 32413	□Remove
			□Add
			□ Remove
			□ Change
			□Add
			□Remove
			□Change
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			Remove
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			□Remove
			□ Change

effective date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after filing.) Pursuant to 605,020 (c) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ument's effective date on the Department of State's records. cord 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 stilled.			_
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	October 29	2021	
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Typed or printed name of signee

John Wesley Seaborn