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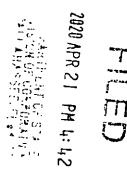
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## **COVER LETTER**

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cubir	Enter.	Shor3Studi	o Architects, PLLC			
SUBJE	CI:	Name of Lim	ited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please r	eturn all correspo	endence concerning this matter	to the following:			
		Sofia	J.K. Nugent, AIA, LEED AP			
			Name of Person			
		Sho	or3Studio Architects, PLLC			
			Firm/Company			
		215	59 S. Tamiami Trail, Suite 59			
			Address			
			Opsrey, FL 34229			
			City/State and Zip Code			
			sofiajoanna@gmail.com			
		E-mail address: (	to be used for future annual report not	ification)		
For furt	her information c	oncerning this matter, please co	all:			
	Sofia J.K. Nugent	, AIA, LEED AP	863 990-1111 at ( )			
	Name o	f Person		ne Telephone Number		
Enclose	d is a check for th	ne following amount:				
<b>\$25</b>	.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:	action			
Registration Section Division of Corporations			Registration Section Division of Corporations			
	P.O. Box 632	7	The Centre of	Fallahassee		
	Tallahassee, I	FL 32314	2415 N. Monro	be Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Shor3Studio Architects, PLLC	
(Name of the Limited (A	Liability Company as it now appear Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liab Florida document number	oility Company were filed on	February 12, 2020 mg and assigned
This amendment is submitted to amend the follow	zing:	75
A. If amending name, enter the new name of t	he limited liability company he	<u>re</u> :
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the de	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address	•	ecords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Flor	ida 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 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>	<u>Name</u>	Address	Type of Action
MGRM	Sofia J.K. Nugent	2159 S. Tamiami Trail, Suite 59	■Add
		Osprey, FL 34229	□Remove
			Change
		<del></del>	□Add
			□Remove
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e <b>ctive da</b> t effective d	te, if other than the date must t	ate of filing: e specific and ca	nnot be prior to	date of filing of	or more than 90 d	_ (optional) ays after filing.) P	ursuant to 605.020
<u>e:</u> If the o	date inserted in this bloc ffective date on the Dep	k does not mee	et the applicat	le statutory f	iling requireme	nts, this date wi	ll not be listed a
	date on the loop	artine in or exact					
cord speci	fies a delayed effective	date, but not an	effective tim	e, at 12:01 a.	m. on the earlie	er of: (b) The 9	Oth day after the
filed.	·						•
	April 15		2020				
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Filing Fee: \$25.00