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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
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Office Use Only



COVER LETTER

TO: Registration S Division of Co			•	•		
	ITECTS LLC					
SUBJECT:	Name of Lin	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspondent	ondence concerning this matter	to the following:				
	Edgardo J Betancourt San	tiago				
		Name of Person		,		
	ARKO Architecture, LLC		_	77 71	202	
		Firm/Company	•			-
	18011 Biscayne BLVD, A	.pt. 303-1 South			2021 JAN 22	1
		Address			- 0	5
	Aventura, Florida 33160				PH 3:30	4
		City/State and Zip Code			့ (၁	
	edgardo@thearkogroup.cor					
		to be used for future annual report notifi	cation)			
For further information of	concerning this matter, please c	all:				
Edgardo J Betancourt Sa	entiago	954 6471447 at ()				
Name (of Person		Telephone Number			
Enclosed is a check for t	he following amount:					
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fil Certificat Certified (additional	te of Sta Copy	atus &	
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Sec	tion			
Division of C		Division of Corp				
P.O. Box 632	27	The Centre of Ta	allahassee			
Tallahassee,	FL 32314	2415 N. Monroe	Street, Suite 8	10		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EJB ARCHITECTS LLC		
(Name of the Limited Liability Comp. (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on May 12, 2020	and assigned
Florida document number L20000128073		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
ARKO ARCHITECTURE, LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		821
		5 77
		23
inter new mailing address, if applicable:		- 17
Mailing address MAY BE A POST OFFICE BOX)		1
		: 2
		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	2
	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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Eduardo Miguel Vera	2000 Salzedo St. Apt 520, Coral Gables, FL 33134	= Add
			□Remove
			□Change
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			202 Remove
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			□Change

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Signature of a member or authorized representative of a member	is filed.			
Signature of a member or authorized representative of a member	is filed.			
	is filed.			

Filing Fee: \$25.00