## h21000239181

| (Requestor's Name)                      |      |
|-----------------------------------------|------|
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## **COVER LETTER**

Tallahassee, FL 32314

| TO: Registra<br>Division                        |                     | ction<br>porations                           |                                                                     |                       |                                                                    |  |  |
|-------------------------------------------------|---------------------|----------------------------------------------|---------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------|--|--|
| AVA                                             | ANT-GA              | ARDE ARCHITECTURE & D                        | DESIGN, LIMITED LIABILIT                                            | Y CORPORATION         |                                                                    |  |  |
| SUBJECT:                                        |                     | Name of Lim                                  | ited Liability Company                                              | <del></del>           |                                                                    |  |  |
| The enclosed Arti                               | cles of A           | Amendment and fee(s) are sub                 | mitted for filing.                                                  |                       |                                                                    |  |  |
| Please return all c                             | orrespor            | ndence concerning this matter                | to the following:                                                   |                       |                                                                    |  |  |
|                                                 |                     | Karilyn Anderson                             |                                                                     |                       |                                                                    |  |  |
|                                                 |                     |                                              | Name of Person                                                      |                       | =                                                                  |  |  |
|                                                 |                     | Avant-garde Architecture &                   | & Design, LLC                                                       |                       | 2021<br>SCII                                                       |  |  |
|                                                 |                     |                                              | Firm/Company                                                        |                       |                                                                    |  |  |
|                                                 |                     | 457 Sand Ridge Dr.                           | 2021 JUN -4<br>SCORETA                                              |                       |                                                                    |  |  |
|                                                 |                     |                                              | Address                                                             |                       |                                                                    |  |  |
|                                                 |                     | Valrico, FL 33594                            |                                                                     |                       | 1 3: 09                                                            |  |  |
|                                                 |                     |                                              | City/State and Zip Code                                             |                       | - Car                                                              |  |  |
|                                                 |                     | kariluyn.arqtt@gmail.com                     |                                                                     |                       |                                                                    |  |  |
|                                                 |                     | E-mail address: (                            | to be used for future annual report                                 | notification)         |                                                                    |  |  |
| For further inform                              | nation co           | oncerning this matter, please co             | all:                                                                |                       |                                                                    |  |  |
| Karilyn Andersor                                | า                   |                                              | 801 703-529 <sup>a</sup>                                            | 9                     |                                                                    |  |  |
|                                                 | Name of             | Person                                       |                                                                     | ytime Telephone Numbe | :F                                                                 |  |  |
| Enclosed is a chec                              | ck for th           | e following amount:                          |                                                                     |                       |                                                                    |  |  |
| □ \$25.00 Filing                                | ; Fee               | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certific<br>Certifie  | 0 Filing Fee, ficate of Status & fied Copy ional copy is enclosed) |  |  |
| <u>Mailing</u><br>Registr<br>Divisio<br>P.O. Bo | ation S<br>on of Co | ection<br>orporations                        |                                                                     |                       |                                                                    |  |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## AVANT-GARDE ARCHITECTURE & DESIGN, LIMITED LIABILITY CORPORATION

(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 Com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | pany were filed on May 24th 2021                                            | and assigned                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------|
| Florida document number L21000239181                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                                                          |
| This amendment is submitted to amend the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             |                                                          |
| A. If amending name, enter the new name of the limited                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | l liability company here:                                                   |                                                          |
| AVANT-GARDE ARCHITECTURE & DESIGN, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                             |                                                          |
| The new name must be distinguishable and contain the words "Limited                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Liability Company," the designation "LLC"                                   | or the abbreviation "L.L.C."                             |
| Enter new principal offices address, if applicable:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             |                                                          |
| Florida document number  L21000239181  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  AVANT-GARDE ARCHITECTURE & DESIGN, LLC  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" or the a | Transition of the second                                                    |                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |                                                          |
| Enter new mailing address, if applicable:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             |                                                          |
| •••                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             | · · · · · · · · · · · · · · · · · · ·                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |                                                          |
| <u>Name of New Registered Agent:</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ffice address on our records, <u>enter t</u>                                | he name of the new registered                            |
| New Registered Office Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Enter Florida street address                                                |                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |                                                          |
| <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | City                                                                        | rida Zip Code                                            |
| New Registered Agent's Signature, if changing Registered A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | gent:                                                                       |                                                          |
| provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | plete performance of my duties, and<br>it as provided for in Chapter 605, F | d I am familiar with and<br>F.S. Or, if this document is |

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

| Title       | <u>Name</u>      | <u>Address</u>     | Type of Action |
|-------------|------------------|--------------------|----------------|
| AMBR        | KARILYN ANDERSON | 457 Sand ridge Dr. | □Add           |
|             |                  | Valrico, FL 33594  | □Remove        |
|             |                  |                    | = Change       |
| <del></del> |                  |                    | □ Add          |
|             |                  |                    | □Remove        |
|             |                  |                    | Change         |
|             |                  |                    | 2021 DAdd      |
|             |                  |                    | MC: TO TT      |
| <del></del> |                  |                    | □Add           |
|             |                  |                    | □ Remove       |
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|                                                                                                        |                       |                | ·                                      |                  |                                             |                            |                        |
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|                                                                                                        |                       |                |                                        |                  | <u> </u>                                    |                            | J.                     |
|                                                                                                        |                       |                |                                        |                  |                                             | 1                          |                        |
|                                                                                                        |                       |                | ,                                      |                  |                                             | PH                         |                        |
|                                                                                                        |                       |                |                                        | <del></del>      | 72                                          | <del></del>                | <u> </u>               |
|                                                                                                        |                       |                |                                        |                  | ; r-j                                       | <u></u>                    |                        |
| ective date, if other than the effective date is listed, the date mise. If the date inserted in this b | lock does not meet t  | the applicable | ate of filing or more statutory filing | e than 90 days a | ptional)<br>fler filing.)<br>this date v    | Pursuant to<br>vill not be | o 605.02<br>e listed : |
| ument's effective date on the I                                                                        | pepartment of State   | s records.     |                                        |                  |                                             |                            |                        |
| cord specifies a delayed effecti<br>s filed.                                                           | ve date, but not an e | ffective time, | at 12:01 a.m. oi                       | the earlier of   | (b) The                                     | 90th day                   | after th               |
| ed June 2nd                                                                                            |                       | )21            |                                        |                  |                                             |                            |                        |
| MAnders                                                                                                | ر م                   |                |                                        |                  |                                             |                            |                        |
| - ITT INDUN                                                                                            | 0                     |                | d representative o                     |                  |                                             |                            | _                      |

Filing Fee: \$25.00