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T. MATTHEWS JUN 16 2022

COVER LETTER

	Registration Se Division of Cor			
	Orcutt Ros	se Architects LLC		
SUBJEC	CT:		ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Robert Orcutt		
		Orcutt Rose Architects LL	Name of Person	
			Firm/Company	<u> </u>
		2810 E Oakland Park Blv	d Suite 200	
			Address	
		Fort Lauderdale FL 33306		
		office@orcuttrose.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti-	fication)
For furth	er information c	oncerning this matter, please ca	all:	
Nichole	Roth		310 910-9219	
	Name o	f Person	at ()at ()	e Telephone Number
Enclosed	l is a check for th	ne 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 Addres Registration S		Street Address: Registration Sec	etion
		 	D: 1 / CC	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF ORGANIZATION FILLED

OF SECRETARY OF STATE

DIVISION OF CORPORATIONS

Orcutt Rose Architects LLC

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

The Articles of Organization	on for this Limited Liability Compa	any were filed on March 10, 202	and assigned
Florida document number	L22000123188		
This amendment is submitt	ed to amend the following:		
A. If amending name, en	ter the new name of the limited li	ability company here:	
The new name must be distingui	ishable and contain the words "Limited Li	ability Company," the designation "Ll	LC" or the abbreviation "L.L.C."
Enter new principal office	es address, if applicable:		
(Principal office address A	<u> AUST BE A STREET ADDRESS)</u>		
Enter new mailing address	ss, if applicable:		
(Mailing address MAY BE	E A POST OFFICE BOX)		

	ered agent and/or registered officistered office address here:	ce address on our records, <u>ento</u>	er the name of the new register
Name of New Re	gistered Agent:		
New Registered C	Office Address:	Enter Florida street addr	ress
		City .	Florida 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, <u>enter the title, name, and address of each person_being adcor removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Robert Orcutt	2810 E Oakland Park Blvd, Suite 200 Fort Lauderdale, FL 33306	_
		POR Lauderdale, PL 35,000	= Add
			□Remove
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ective date, if other than the n effective date is listed, the date mu te: If the date inserted in this b cument's effective date on the E	st be specific and cannot be plock does not meet the ap	plicable statutory f	or more than 90 days aft	tional) er filing.) Pursuant to 605.0 his date will not be listed	0207 d as t
ecord specifies a delayed effective filed.	e date, but not an effective	ve time, at 12:01 a.	m. on the earlier of:	(b) The 90th day after	the
April 21	2022	·			
		-			
	Signature of a member or a	nuthorized representa	tive of a member		