

L22000435163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

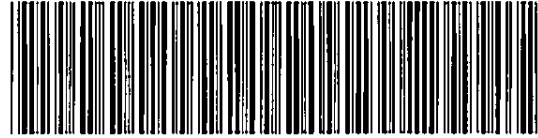
(Document Number)

Certified Copies _____

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SUPREME COURT
TALLAHASSEE, FLORIDA

RECEIVED

W. HUNT
04/11/24

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Architects Parti LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Callie Griffin
Name of Person

Architects Parti, LLC
Firm/Company

2807 Thomasville Road
Address

Tallahassee, FL 32308
City/State and Zip Code

dc5dc14@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Callie Griffin at (850) 528-1414
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

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

Street Address:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Architects Parti 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 10/10/2022 and assigned Florida document number L22000435163.

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 "L.L.C."

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:

John W. Lindner

New Registered Office Address:

Enter Florida 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.



Sign →

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>	<u>Type of Action</u>
Mgr	John W. Lindner	2807 Thomasville Road	<input checked="" type="checkbox"/> Add
		Tallahassee, FL 32308	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	Callie Griffin	8144 Viburnum Court	<input checked="" type="checkbox"/> Add
		Tallahassee, FL 32312	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	William H. Lindner III	2807 Thomasville Road	<input type="checkbox"/> Add
		Tallahassee, FL 32308	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	Addison Lindner	206 Flora Avenue NE	<input type="checkbox"/> Add
		Atlanta, GA 32308	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

April 10 2024
in Sign 

John W. Lindner
Typed or printed name of signer

Filing Fee: \$25.00