LZ3000449 389



(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City.	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Na	me)
(Doc	ument Number))
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



500435410075

08/26/24--01015--018 **25.00



COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

	S ARCHITECTS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Article:	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	OSVALDO MARTINEZ		
		Name of Person	
	O&J PROFESSIONAL SE	ERVICES INC	
		Firm/Company	
	13550 SW 88 ST STE 150		
	 	Address	-
	MIAMI FL 33186		
		City/State and Zip Code	
	OSVALDOEMARTINEZ@		
	E-mail address: (to be used for future annual report noti	fication)
For further informati	on concerning this matter, please c	all:	
OSVALDO MARTI	NEZ	305 446-4006 at ()	
Nac	me of Person	Area Code Daytim	e Telephone Number
Enclosed is a check t	or the following amount:		
■ \$25.00 Filing Fe	e 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)
<u>Mailing Ad</u> Registration	dress: on Section	<u>Street Address:</u> Registration Se	
	of Corporations	Division of Cor	
P.O. Box	0327	The Centre of T	ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RIODAS ARCHITECTS LLC		
(Name of the Limited Liability Comp. (A Florida Limited	iny as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company	were filed on 09/28/2023	and assigned
Florida document number L23000449389		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
RIODAS ARCHITECTURE STUDIO LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		200
Enter new mailing address, if applicable:		92.
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	h ess
		Florida
	City	Zıp 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</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
		□Add	
		□Remove	
			□ Change
			□ Add
			Remove
			□Change
	wilder description		□Add
			Remove
		□Change	
			□Add
		-	□Remove
			□Change
			Remove
			□Change

_	
-	
-	
_	
-	
-	
-	
-	
-	
-	
-	
-	
-	
-	
-	
an eff <u>(ote:</u>	ive date, if other than the date of filing:
ocun	
recor	rd 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 led.
recor d is fi	led.
recor d is fi	led.
	led.

Filing Fee: \$25.00