## L24000096442

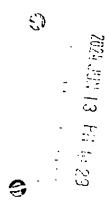
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1023





100428651201

05/06/24--01025--015 \*\*25.00



**(D)** 

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: CAC	Avchitedes Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Kenneth	Lebron Name of Person	
	CAG Ard	Firm/Company	
	406 S. N	eptive Drive	
	Sotlike B. Kenneth L	City/State and Zip Code  Code	COW)
For further information c	oncerning this matter, please ca	U	neation
Kenneth Name o	Lelovon	at (32) 250 Area Code Daytim	1-8787 te Telephone Number
Enclosed 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 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



May 24, 2024

KENNETH LEBRON 406S. NEPTUNE DR SATELLITE BEACH, FL 32937

SUBJECT: CAG ARCHITECTS, LLC

Ref. Number: L24000096442

We have received your document for CAG ARCHITECTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Rebekah White Regulatory Specialist III

Letter Number: 324A00011486

He Rebettah, I have signed and dated the last page thank you ken

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAG Hrchi	tects, LIC		
(Name of the Limited Li (A FI	ability Company as it now ap orida Limited Liability Compa	nears on our records.)	
The Articles of Organization for this Limited Liabili Florida document number <u>L24000</u>	ty Company were filed on 16442	02/22/2021	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability compan	y here:	
CAG Architet LL			
The new name must be distinguishable and contain the words	"Limited Liability Company," t	he designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET AL	ODRESS)	<u> </u>	<u>(D</u>
			7021
	•		
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·		· —
(Mailing address MAY BE A POST OFFICE BOX	2		<del></del>
·	• *	·	
			· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or regist agent and/or the new registered office address he		ir records, enter the Ban	ne of the new registered
agent and the new registered office address for	<u></u> .		
Name of New Registered Agent:			
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.

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>	Name	Address	Type of Action
			□Add
		•	□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
			□Change
			□ Add
			□Remove
		····	□Change
	<del> </del>		□Add
			□ Remove
			□Change
<del></del>			□Add
		<del></del>	□Remove
			□Change

D. If am	ending any	other inform	nation, enter	change(s) h	iere: (Attac	ch additional	sheets, if neces	sary.)
	No T	he only	y chan	sc is	the	nome	chanse	from:
	CA	a Av	Intert	<u>د. ا ام</u>		to:	0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	CAC	A AY	In Jort	116.	<del>-</del>			
		1 10	WITTEN.	, 40	<u>-</u>			
	<del> </del>		······································					
		<del></del>					· · · · · · · · · · · · · · · · · · ·	
							<del></del>	
		<del></del>	<del></del>					
			<del></del>	······································				
					<del> </del>		<del></del>	
		· · · · · · · · · · · · · · · · · · ·						
		<del></del>					· · · · · · · · · · · · · · · · · · ·	
		<del></del>		<del></del>				
							<del></del>	
		·						
(If an et <u>Note:</u>	ffective date is li If the date in	isted, the date r serted in this		nd cannot be po meet the app	olicable statu	filing or more th		nal) ling.) Pursuant to 605.0207 date will not be listed as
If the reco record is f		delayed effec	tive date, but no	ot an effectiv	e time, at 12	2:01 a.m. on th	e carlier of: (b)	The 90th day after the
Dated	ıTuv	e 4th	<u> </u>	, <u>102</u>	<u>4</u> .			
		X	Signature of	member or a	uthorized rem	resentative of a	member	· · · · · · · ·
		Kenve		LLOVOY Typed or pi	·			
				Typed or pr	rinted name o	f signee		· · · · · · · · · · · · · · · · · · ·