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Division of Corporations

PLEASE HONOR ORIGINAL FILING DATE OF 12-20-16

Division of Corporations Circle Siling Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NELSON BYRD WOLTZ LANDSCAPE ARCHITECTURE AND ENGINEE

DEC 29 AM ID: 58
RETARY OF STATE
AHASSEE. FLORIDA

Certificate of Status	0
Certified Copy	0
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COVER LETTER

TO: Registration Section Division of Corporations	·			
SUBJECT: NELSON BYRD WOLTZ LANDSC	APE ARCHIT	ECTURE AND	D ENGINEERING, LLC	
Name of Foreig	gn Limited Li	ability Comp	any	
Dear Sir or Madam:				
The enclosed application, certificate and fee(s)	are submitte	d for filing.		
Please return all correspondence concerning th	is matter to the	he following:		
Tom Cassidy				
Name of Person				
Nelson Byrd Woltz LLC				ı
Firm/Company				
310 East Market Street				
Address				
Charlottesville, Virginia 22902				
City/State and Zip Code	e			
hr@nbwla.com				
E-mail address: (to be used for future annual	l report notifi	cation)		
For further information concerning this matter,	please call:			
Tom Cassidy	434 at (984-1358	k	
Name of Person	_ \	de & Daytim	e Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registra Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, Florida 32314	13
Enclosed is a check for the following amount \$\overline{\Sigma}\$ \$25 Filing Fee \times \text{Certificate of Status}\$	□ \$55 F	iling Fee & fied Copy	S60 Filing Fee, Certificate of Status & Certified Copy	

To:

850-617-6381

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December 28, 2016

FLORIDA DEPARTMENT OF STATE

NELSON BYRD WOLTZ LANDSCAPE ARCHITECTURE AND ENGINEERIN 408 PARK STREET
CHARLOTTESVILLE, VA 22902

SUBJECT: NELSON BYRD WOLTZ LANDSCAPE ARCHITECTURE AND ENGINEERING, PLLC REF: M14000000130

PLEASE HONOR ORIGINAL DATE 12-20-16

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II Registration Section FAX Aud. #: H16000311508 Letter Number: 616A00027543

PLEASE HONOR ORIGINAL DATE 12-20-16

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2016 DEC 29 AM ID: 58 SEGRETARY OF UNITE ALLAHASSEE, FLORID

Lui Or P.O BOX 6327 - Tallahassee, Florida 32314

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850-617-6381

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PLEASE HONOR ORIGINAL FILING DATE OF 12-20-16



December 21, 2016

FLORIDA DEPARTMENT OF STATE

NELSON BYRD WOLTZ LANDSCAPE ARCHITECTURE AND ENGINEERIN 408 PARK STREET CHARLOTTESVILLE, VA 22902

SUBJECT: NELSON BYRD WOLTZ LANDSCAPE ARCHITECTURE AND ENGINEERING, PLLC

REF: M14000000130

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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) 245-6051.

Stacey M Warren Regulatory Specialist II FAX Aud. #: H16000311508 Letter Number: 816A00027081

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P.O BOX 6327 - Tallahassee, Florida 32314

16 PC 20 AH 9: 34

RECEIVE:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	•				
State: MELSON BYRD WOLTZ LANDSCAPE	ARCHITECTURE AND ENGINEE	ERING, PLLC			
Enter new principal office address, if applicable:					
(Principal office address	214 West 29th Street, Suite 900				
MUST BE A STREET ADDRESS)	New York, NY 10001				
Enter new mailing address, if applicable:	214 West 29th Street, Suite 900	16			
(Mailing address MAY BE A POST OFFICE BOX)	New York, NY 10001	80			
		3			
2. The Florida document number of this limited lia	bility company is: M14000000130				
3. Jurisdiction of its organization: NY		<u>မှာ</u>			
4. Date authorized to do business in Florida: 12/30	0/2013				
SECTION II (5-9 complete only the applicable of		 -			
5. New name of the limited liability company:	t contain "Limited Liability Compa	my, " "L.L.C.," or "L.L.C.")			
NELSON BYRD WOLTZ LANDSCAPE ARCHITI					
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company," "L.L.C	naging members adopting the altern	ness in Florida and attach a nate name. The alternate name			
6. If amending the registered agent and/or registere registered agent and/or the new registered office ad	d officer address on our records, <u>e</u> l <u>dress here:</u>	nter the name of the new			
Name of New Registered Agent:					
New Registered Office Address:	P 19				
	City	, Florida Zip Code			
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper and accept the obligations of my position as registe document is being filed to merely reflect a change liability company has been notified in writing of the	it and agree to act in this capacity, and complete performance of my a cred agent as provided for in Chap in the registered office address, I h	luties, and I am familiar with ster 605, F.S. Or, if this			

itle/ Capacity	Name		Type of Action
Member	Robin Key	214 West 29 th Street, Suite 900 New York, NY 10001	⊠Add
	,		Remove
			∏Add
			Remove
. <i>W</i> *			Add
			Remove
			Add
			Remove
			Add
aforemention	under the law of which this entity is	ed by the official having custody of records in the	Remove
	Thomas L. Woliz		

STATE OF NEW YORK DEPARTMENT OF STATE

I hereby certify that NELSON BYRD WOLTZ LANDSCAPE ARCHITECTURE & ENGINEERING, PLLC, a New York Limited Liability Company, filed a Certificate of Amendment changing the name to NELSON BYRD WOLTZ LANDSCAPE ARCHITECTS, PLLC on 11/16/2016 with this Department.



WITNESS my hand and official seal of the Department of State, at the City of Albany, onDecember 23, 2016.

Brendan Fitzgerald

Executive Deputy Secretary of State

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State of New York Department of State } ss

I hereby certify, that NELSON BYRD WOLTZ LANDSCAPE ARCHITECTS, PLLC a NEW YORK Professional Service Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/12/2006, and that Professional Service Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment NELSON BYRD WOLTZ LANDSCAPE ARCHITECTS, PLLC, changing its name to NELSON BYRD WOLTZ LANDSCAPE ARCHITECTURE 4 ENGINEERING, PLLC, was filed 05/01/2013.

A Certificate of Amendment NELSON BYRD WOLTZ LANDSCAPE ARCHITECTURE & ENGINEERING, PLLC, changing its name to NELSON BYRD WOLTZ LANDSCAPE ARCHITECTS, PLLC, was filed 11/16/2016.

1337



Witness my hand and the official seal of the Department of State at the City of Albany, this 27th day of December two thousand and sixteen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State

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