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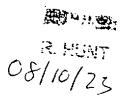
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(850)656-4724 3458 Lakeshore Drive, Tallahassee, FL 32312

08/10/2023

Date: ____

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Name:	Grace Hebe	ert Curtis Architects, Ll	_C	
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Thank you!

DIVISION OF CORPORATION

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	s on the records of the Florida Department of
State: GRACE HEBERT CURTIS ARCHITECT	S, LLC
Enter new principal office address, if applicable:	909 East Cervantes Street
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	Pensacola, Florida 32501
Enter new mailing address, if applicable: (Mailing address	909 East Cervantes Street
MAY BE A POST OFFICE BOX)	Pensacola, Florida 32501
2. The Florida document number of this limited lin	ihility company is: IVIZZUUU 13 (30
3. Jurisdiction of its organization: Louisiana	9/2022
4. Date authorized to do business in Fiorida: 09/29	9/2022
SECTION II (5-9 complete only the applicable of	
5. New name of the limited liability company:(must	t contain "Limited Liability Company, " "L.L.C.," or "LLC.")
(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	for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name C." or "LLC.")
6. If amending the registered agent and/or registere registered agent and/or the new registered office ac	ed officer address on our records, enter the name of the new ddress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
	, Florida City Zip Code
the provisions of all statutes relative to the proper and accept the obligations of my position as registe	nt and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with ered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited

8. If the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate that change:						
Title/ Capacity	<u>Name</u>	Address	Type of Action			
			DAdd			
			□Remove			
			□Add			
			□Reiffice AUG			
			□Ad ©			
			PX 2: 			
			□Remove			
			□Add			
aforementioned ame	cate, if required: no more than 90 day endment(s), duly authenticated by the se law of which this entity is organize	official having custody of records in the	□Remove			
	Signature of the	authorized representative				

Filing Fee: \$25.00