F17000001733

(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:				

Office Use Only

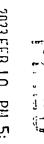
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WATER TO THE STATE



J 2/23/2043

COVER LETTER

→ TO: Amendme	nt Section Division of Corporation	ons	
SUBJECT:		SDY ARCHITECTS,	A Professional Auditectu
DOCUMENT NU	MBER:		CT KPTK
The enclosed Amer	ndment and fee are submitted for	filing.	Vame
Please return all co	rrespondence concerning this ma	tter to the following:	Che
<u>Muli</u>	Name of Contact Person	Lick_	
Grane	Firm/Company	A Professional,	Arditectural Corepresting
404	E. GILSON St		·
_CDVINA	City/State and Zip Code	53	
E-mail address	RICR CAYCOMICAL is: (to be used for future annual re	eport notification)	
For further informa	tion concerning this matter, pleas	se call:	
JUSH Name	of Contact Person	at (915) 177 Area Code & Daytime	- 200 D Telephone Number
Enclosed is a check	for the following amount:		
5835 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee. Certificate of Status & Certified Copy

Mailing Address:

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

Street Address:

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



January 4, 2023

JUSTIN M GREENLEAF 404 E GIBSON STREET SUITE 1 COVINGTON. LA 70433

SUBJECT: GREENLEAF LAWSON ARCHITECTS, A PROFESSIONAL

ARCHITECTURAL CORPORATION

Ref. Number: F17000001733

We have received your document for GREENLEAF LAWSON ARCHITECTS, A PROFESSIONAL ARCHITECTURAL CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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) 245-6050.

Claretha Golden Regulatory Specialist II

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www.sunbiz.org

Letter Number: 223A00000168

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2022 DEC 27 PH 2: 16

December 9, 2022

JUSTIN M GREENLEAF 404 E GIBSON STREET SUITE 1 COVINGTON, LA 70433

SUBJECT: GREENLEAF LAWSON ARCHITECTS. A PROFESSIONAL ARCHITECTURAL CORPORATION Ref. Number: F17000001733

We have received your document for GREENLEAF LAWSON ARCHITECTS, A PROFESSIONAL ARCHITECTURAL CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The current name of the entity is as referenced above. Please correct your document accordingly.

You must spelled the complete name of the corporation, initials are not acceptable for the suffixies.

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) 245-6050.

Claretha Golden Regulatory Specialist II

www.sunbiz.org

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Letter Number: 622A00027461

PROFIT CORPORATION

APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

2023 FEB 10 PM 5: 47 EFE... STATE TALL....ASCEE, FL

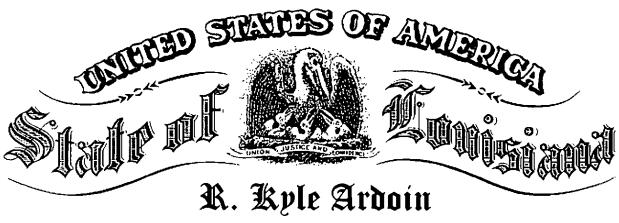
(Document number of corporation (if known)
1. Grewlest Javon Architects A Professional Arditectural Onepr
(Name of corporation as it appears on the records of the Department of State)
2. Louisiana 3. 7/30/2017
(Incorporated under laws of) (Date authorized to do business in Florida)
SECTION II (4-7 COMPLETE ONLY THE APPLICABLE CHANGES)
4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 420 2000
5. CRUNAL ARCUITCES, A PRASSIONAL ARCUITCETURAL CORPORATION (Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation not contained in new name of the corporation)
(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
6. If the amendment changes the period of duration, indicate new period of duration.
(New duration)
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.
(New jurisdiction)
8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent
(Florida street address)
New Registered Office Address:, Florida
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

hie/Capacity Name 1 Address Type of Action Michelle Lawson □Add □Add Remove \square_{Add} Remove \square Add Remove \square Add Remove 0. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated. (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Typed or printed name of person signing)

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

FILING FEE \$35.00



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

a copy of an Amendment to the Articles of Incorporation of

GREENLEAF LAWSON ARCHITECTS, A PROFESSIONAL ARCHITECTURAL CORPORATION

Domiciled at COVINGTON, LOUISIANA, changing the corporate name to

GREENLEAF ARCHITECTS, A PROFESSIONAL ARCHITECTURAL CORPORATION

Was filed and recorded in this Office on June 20, 2022.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

June 21, 2022

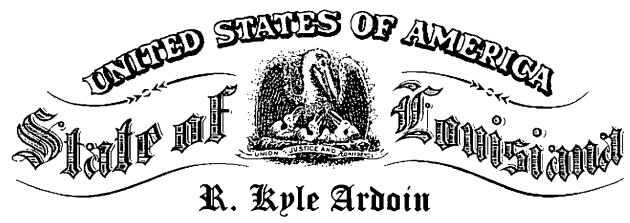
/2 Tagle /162 Secretary of State



Certificate ID: 11588385#D5P83

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana I do hereby Certify that

the attached document(s) of

GREENLEAF ARCHITECTS, A PROFESSIONAL ARCHITECTURAL CORPORATION

are true and correct and are filed in the Louisiana Secretary of State's Office.

44986756

NMCHG

06/20/2022 2 pages

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

June 21, 2022

R 12fe No.
Secretary of State

WEB 41730085D



Certificate ID: 11588386#M7Q83

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov