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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: ANNE FOLSOM SMITH INTERNAL DESIGN, INC.

DOCUMENT NUMBER: H 17601 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person

ANNÉ FOLSOM SMITH INTÉMEN DESIGN, INC

FIRM/ Company

330 S. PINÉAPPLE AVE SUITE 206

Address

SATASOM FL 34236

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DAVID SMITH at (941) 957-0434

Area Code & Davtime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & S35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

ANNE FOLSOM SMITH INTERN	DESIGN, INC
(Name of Corporation as currently	filed with the Florida Dept. of State)
H 17601	A Company of the Comp
(Document Number of	Corporation (if known) 2024 IIII
(Document Number of Pursuant to the provisions of section 607.1006, Florida Statutes, this Faits Articles of Incorporation:	lorida Profit Corporation adopts the following afridad in the following
A. If amending name, enter the new name of the corporation:	MASSEE, FLE
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable:	The new mpany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	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 wi	th and accept the obligations of the position.
Signature of New Reg	sistered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (example 1) (example 2) (), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change 7	PEASUR	LEX JOHN M. WOLF	330 S. PINEAPPLE AUE
Add			SUITE 206 SARASSTA, FL 34234
Remove			SARASOTA, FL 34236
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
	<u> </u>
	
<u> </u>	
	<u></u>
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(ly not applicable, mateure may	

٠.

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90	days after amendment file date)
Note: If the date inserted in this block does not meet the application document's effective date on the Department of State's records.	able statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or b action was not required.	oard of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders thro must be separately provided for each voting group entitled to v	
"The number of votes cast for the amendment(s) was/wer	e sufficient for approval
by	77
by	<u></u>
selected, by an incorporator – if in the appointed fiduciary by that fiduciary) ANNC FOCE (Typed or printed in Praces item)	ame of person signing)
(Title of person sig	ning)