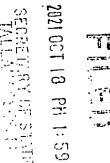
Office Use Only



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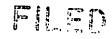


COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: A. T. FRANCO AI	RCHITECTURAL ASSOC	TIATES, PA		
DOCUMENT NUM	IBER:				
	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	MARY HELEN FRANCO				
	Name of Contact Person				
	A. T. FRANCO ARCHITECTURAL ASSOCIATES, PA				
	Firm/ Company				
	500 SE 11TH COURT				
	Address				
	FORT LAUDERDALE, FL 33316				
	City/ State and Zip Code				
	maryhelen@atfranco.com				
	E-mail address: (to be us	sed for future annual repor	notification)		
For further information MARY HELEN FR.	on concerning this matter, plea.		523-9609		
Name of Contact Person		at () 523-9609 ode & Daytime Telephone Number		
	for the following amount made				
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amen Division The C 2415	Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment to Articles of Incorporation of



A. T. FRANCO ARCHITECTURAL ASSOCIATES, PA-

 \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

2021 OCT 18 PH 1:59

(Name of Corporati	on as currently filed with the Flo	rida Dept. of State)	179
L05339		TALL ATTECH OF STATE	t:
(Docum	nent Number of Corporation (if kno	own)	
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	a Statutes, this Florida Profit Corp.	oration adopts the following an	nendment(s) t
A. If amending name, enter the new name of the co	orporation:		
			e new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc. "chartered," "professional association," or the abbre	" or "Co". A professional corp	porated" or the abbreviation "oration name must contain th	Corp.," e-word
B. Enter new principal office address, if applicable			
(Principal office address <u>MUST BE A STREET ADL</u>	DRESS)		
			
C. Enter new mailing address, if applicable:	NV.		
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>		
			
D. If amending the registered agent and/or register	rad affice address in Florida, anti	er the name of the	
new registered agent and/or the new registered		er the name of the	
Name of New Registered Agent			
<u> </u>			
	(Florida street address)		
		F21	
<u>New Registered Office Address</u> :	(City)	, Florida (Zip Code	·)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		obligations of the position.	
	,	., , ,	
<u> </u>		Longiture	
Sign	ature of New Registered Agent, if c	nanging	
Check if applicable			

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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>v</u>	LEONARDO A. SCHUBERT	9873 BAYWINDS DRIVE
X Add			UNIT #5302
Remove			WEST PALM BEACH, FL 33411
2) Change			
Add			
Remove 3) Change		<u></u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

(Attach <i>addit</i>	or adding additions ional sheets, if necess	sary). (Be spec	ific)			
-	*		<u> </u>			
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					44.	
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			 -			-
			•			
<u>provisions</u>	ment provides for a for implementing th applicable, indicate N	<u>n exchange, recl</u> e amendment if	assification, or c not contained in	ancellation of is: the amendment	sued shares, titself:	
(if not a	applicable, indicate N	!/A)				
			.,			
						
						
						

	(s) adoption:	if other than the
date this document was signed	OCTOBER 1, 2021	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without shareholder	r action and shareholder
	re adopted by the shareholders. The number of votes cast for the amenda ere sufficient for approval.	ment(s)
☐ The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following standard for each voting group entitled to vote separately on the amendment(s):	atement
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
10/12	/21	
Dated		
Signature	augunt.	
Œ	ly a director, président or other officer – if directors or officers have not b	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other oppointed fiduciary by that fiduciary)	court
	ANGEL T. FRANCO	
	(Typed or printed name of person signing)	.
	PRESIDENT	
	(Title of person signing)	