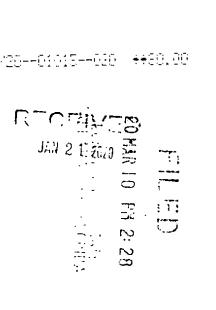
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COVER LETTER

Division of Corp					
SUBJECT: HREE	THIRTY DUE DESIGNAME OF Limi	LLC ted Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for liling.			
Please return all correspon	dence concerning this matter t	to the following:			
	JOSEPH_	Name of Person			
		Firm'Company			
	3019 HIGH ST	REET			
		80205 City/State and Zip Code			
	JOE3560QG		-		
	E-mail address: (to be used for future annual report not	(fication)		
For further information co	ncerning this matter, please ea	ait:			
SOSEPH Wy	Person	at (<u>739</u>) <u>866 -</u> Area Code Daytin	7935 ne Telephone Number		
Enclosed is a check for the	e following amount:				
□ \$25.00 Filing Fee	XI \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address		<u>Street Address:</u> Registration Sc	ection		
Registration Section Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on Oi/24/14 and assigned Florida document number L140000 13176 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HREE THIRTY ONE APCHITECTURE LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida _ Chy

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			Change
			□Add
			□Remove
			Change
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			□Remove
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			□Change

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Effective date, If an effective date Note: If the dat document's effe	te inserted in thi	is block does no	of meet the ap	olicable statutor	ng or more than 9 ry filing require	(optional 0 days after filing ments, this date) ;.) Pursuant to : will not be	605.0207 (listed as t
se record specific	es a delayed effe	ective date, but r	not an effectiv	e time, at 12:0:	l a.m. on the ca	rlier of: (b) T	he 90th day	after the
ord is filed.	; + A	c4 04	2020	<u> </u>				
	<u>DY/20 MAR</u>	,		· ·				
ord is filed.	DAIR OSTAR	Signature o	f a member or a	uthbrized represe	entative of a mem	her	_ .	_

Filing Fee: \$25.00