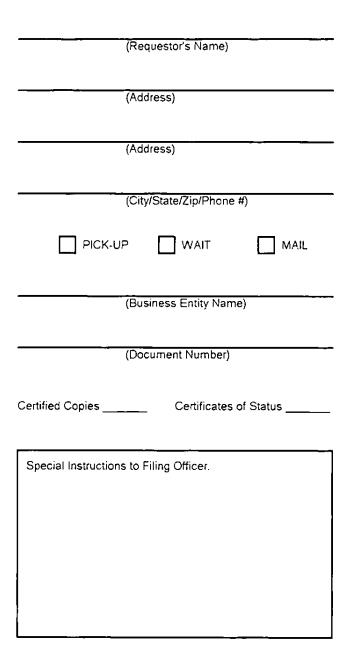
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COVER LETTER

TO: Registration S Division of Co		. 1 1	
SUBJECT:	DRUCKER A	Architects	, PLLC
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jeffr Drucke	ey Druck Prame of Person Prachite	er cts PLLC
	2201	South Oc	ean Drive
	Hollyw.	City/State and Zip Code	33019 2 anail com
	DRUCKER ARCHITECTS PLLC Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. Il correspondence concerning this matter to the following: Jeffrey Drucker Drucker Architects PLLC Firm/Company 2201 South Ocean Drive Address Soute 2303 Hollywood FL 33019 Gity/Statuland Zip Code. Jeffreyarchitect 8@gmail.com P-mail address! (to be used for future annual report notification) Permation concerning this matter, please call: Pey Drucker at 917 Name of Person Daytime Telephone Number heck for the following amount:		
For further information			J
Jeffrey Name	DRUCKER	2 at (917) 5 Area Code Daytin	79-1451 ne Telephone Number
Enclosed is a check for t	the following amount:		
St \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Drucker Architects PLLC

(Name of the Limited	Liability Company as it now appears (Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liab	oility Company were filed on Fo	26.7, 2024 and assigned
This amendment is submitted to amend the follow	ring:	
<u> </u>	chitecture	PLLC
The new name must be distinguishable and contain the wor		ignation "LLC" or the abbreviation "L.L.C.
Enter new principal offices address, if applicab	lle:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	 	2025
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office address on our rec	eords, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Floride	a street address
		Florida
	Ciţy	Zip Code
New Registered Agent's Signature, if changing Reg	gistered 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, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

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

Page 2 of 3

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lf an effe <u>Note:</u>	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated _	March 5 2024
	folls Such
	Teffey Drucker