P02,000024892

(Requ	uestor's Name)	
(Addi	ess)	
(Addı	ress)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ALTMAN ARCH	ITECTS, INC.	
	BER: P02000026892		
The enclosed Articles	of Amendment and fee are st	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Robert M. Altman		
		Name of Contact Person	n
	Altman Architects, Inc.		
		Firm/ Company	
	1320 NW 17th Street	' '	
		Address	
	Gainesville, FL 32605		
		City/ State and Zip Cod	<u> </u>
marle	owe@altmanarchitects.com		
	_	sed for future annual report	notification)
	·	•	,
For further information	on concerning this matter, pleas	se call:	
Bobby Altman		305 at (661-0900
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check to	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	iling Address		Address
Amendment Section Division of Corporations		Amendment Section Division of Corporations	
P.O. Box 6327		Clifton	Building
Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ALTMANARCHITECTS, INC.

(Name)	of Cornoration as curre	ntly filed with the Florida	Dept. of State)
P02000026892	on portation as carre		,
	(Document Number	r of Corporation (if known)	<u>-</u>
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	ais Florida Profit Corporati	ion adopts the following amendment(s
A. If amending name, enter the new na	ime of the corporation:		
NA			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp." "Inc." oi	r "Co". A professional co	
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		A/A	
C. Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>		NA	18 NOV 13
D. If amending the registered agent ar new registered agent and/or the ne			e name of the ONLO
Name of New Registered Agent	NA		>>
	1320 NW 17th Street		
	(Florida	street address)	
New Registered Office Address:	Gainesville		. Florida
resident of the state of the st		(City)	(Zip Code)
New Registered Agent's Signature, if call thereby accept the appointment as regis.			ations of the position.
NA		w Registered Agent, if chans	
 i	Signature of Nev	v Registered Agent, if chans	zing

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)	Title	Name	<u>Addres</u> s
1) X Change	P	Robert M. Altman	1320 NW 17th Street
Add			Gainesville, FL 32605
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
,
NA
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
N/A

· · . · · · · The date of each amendment(s) adoption: _	NA	, if other than the
date this document was signed.		
Effective date if applicable: MX	4	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department of	s not meet the applicable statutory filing requirements, this do of State's records.	ate will not be listed as the
Adoption of Amendment(s) (C	CHECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient fo	ne shareholders. The number of votes east for the amendment(or approval,	s)
	the shareholders through voting groups. The following stateming group entitled to vote separately on the amendment(s):	ent
"The number of votes east for the am	nendment(s) was/were sufficient for approval	
by	<u></u>	
(A	voting group)	
The amendment(s) was/were adopted by the action was not required.	he board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/were adopted by the action was not required.	he incorporators without shareholder action and shareholder	
November 1, 2018 Dated		
Signature		
	resident of other officer – if directors or officers have not been feorporator – if in the hands of a receiver, trustee, or other cou	
	ary by that fiduciary)	11
Robert M	1. Altman	
	(Typed or printed name of person signing)	
President		
	(Title of person signing)	