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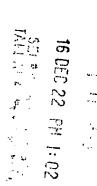
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R. WHILE



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TO: Amendment Section Division of Corporations

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NAME OF CORPOR	ATION: Liollio Architectur	e, Inc.	
DOCUMENT NUMB	D04000114643		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Lisa S. Gerth		
•		Name of Contact Person	n
	Liollio Architecture, PC		
•		Firm/ Company	
	147 Wappoo Creek Dr., Ste	100	
•	,	Address	
	Charleston, SC 29412		
•		City/ State and Zip Cod	<u>.</u>
lisa@	liollio.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Lisa S. Gerth		843	de & Daytime Telephone Number
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 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)
Ame Divi P.O.	ling Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations a Building Executive Center Circle assee, FL 32301

16 DEC 22 PM 1: 02

Articles of Amendment

to SECTION AND SEC

Liollio Architecture, Inc.	
(Name of Corporation	as currently filed with the Florida Dept. of State)
P04000114643	
(Documen	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	oration:
Liollio Architecture, PC	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abo	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered	
new registered agent and/or the new registered off	
Name of New Registered Agent	
•	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	t <mark>ered Agent:</mark> am familiar with and accept the obligations of the position.
Signatu	ure of New Registered Agent, if changing

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	PT John D	<u>loe</u>	
X Remove	V Mike J	<u>ones</u>	
X Add	SV Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change	 -		
Add			
Remove			
4) Change			
Add			
Remove			
5)Change			
Add			
Remove.			
6) Change			Average of the second of the s
Add			
Remove			

If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)

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If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

May 1, 2015 The date of each amendment(s) adoption:	, if other than the
date this document was signed.	, it other than the
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 applicable statutory filing requirements, this date will n document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature (By a director, president or other officer – if directors or officers have not been selepted, by an incorporator – if in the hands of a receiver, trustee, or other court	-
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(1 yped or printed name of person signing)	
Harraging Principal / VPrisident (Title of person signing)	
(Tilld of person signing)	