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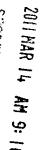
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION:	Llorente Prada Architects	s, P.A
DOCUMENT NUMBER: P06000024714			
The enclosed Articles	of Amendment and fee	are submitted for filing.	
Please return all corre	spondence concerning th	nis matter to the following:	
		Alberto Llorente	
]	Name of Contact Person	
	Llorent	te Prada Architects, P.A.	
		Firm/ Company	
	13	421 SW 23rd Street	
		Address	
		Miami, Fl 33175	
	(City/ State and Zip Code	
	E-mail address: (to be use	ed for future annual report notification)	
For further information	n concerning this matter,	, please call:	
	rto Llorente		25-2370
Name of C	ontact Person	Area Code & Daytime Te	lephone Number
Enclosed is a check for	the following amount n	nade payable to the Florida Depar	tment 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)
Mailing Addre Amendment Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ. Tallahassee, FL 32301	le

Articles of Amendment Articles of Incorporation

Llorente Prada Architects, P.A.

2011 MAR 14 AM 9: 10 (Name of Corporation as currently filed with the Florida Dept. of State

P06000024714

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

Lloren	te Architect, P.A.	The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "Corp," "Inc,	" or "Co". A professional corporation
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)		
D. If amending the registered agent and/or renew registered agent and/or the new registered.		Florida, enter the name of the
Name of New Registered Agent:		-
New Registered Office Address:	(Florida street ad	dress)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a		d accept the obligations of the position.
	ignature 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)

1. 6.

Title ·	<u>Name</u>	Address	Type of Action
			□ Domovo
			□ D
			□ D
	ending or adding additional A additional sheets, if necessary,		
		xchange, reclassification, or can	
	sions for implementing the are not applicable, indicate N/A)	nendment if not contained in the	amendment itself:
(9	viol appricació, mancaro (m.)	N/A	
		IN/A	
	<u> </u>		
			_

The date of each amendment(s	
•	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	."
(1	voting group)
action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated/	3/8/2011
(By a	director, president or other officer - if directors or officers have not been
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court
appoir	nted fiduciary by that fiduciary)
_	ALberto Llorente
	(Typed or printed name of person signing)
	Alberbliconeute
	Presidente/Director
-	(Title of person signing)