## P06000078195

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR		OPHY, INC.					
DOCUMENT NUMB	ER:						
	Amendment and fee are sui	bmitted for filing.					
Please return all corresp	condence concerning this ma	tter to the following:					
	IESSICA VICIEDO						
-		Name of Contact Person	1				
1	DESIGN PHILOSOPHY, IN	C.					
-		Firm/ Company					
:	5601 BISCAYNE BLVD						
-		Address					
i	MIAMI, FL 33137						
-	City/ State and Zip Code						
	jess@de-phi.com						
<u>-</u>	·	ed for future annual report	notification)				
	E-Hall Maries. (NO CO. M.	ou to the man report	,				
For further information	concerning this matter, pleas	se call:					
TREVOR ANDERSO	N	at ( 406	223-3149				
Name of Contact Person		Area Code & 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	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Malling Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address ment Section n of Corporations entre of Tallahassee				

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

to

(Name of Corporation as current	ly filed with the Florida Dept. of State) !	EH O. O.		
P06000078195	·	PIT 3-31		
(Document Number of	f Corporation (if known)	. <u>1</u> [][E		
tursuant to the provisions of section 607.1006, Florida Statutes, this is Articles of Incorporation:	Florida Profit Corporation adopts the follo	wing amendme		
. If amending name, enter the new name of the corporation:				
		Тће печ		
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must con			
B. Enter new principal office address, if applicable:	5601 BISCAYNE BLVD			
Principal office address <u>MUST BE A STREET ADDRESS</u> )	MIAMI, FL 33137			
The same welling address if applicables				
Fater new mailing address if anniloshie				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5601 BISCAYNE BLVD			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5601 BISCAYNE BLVD MIAMI, FL 33137			
	MIAMI, FL 33137			
(Mailing address MAY BE A POST OFFICE BOX)  1. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	MIAMI, FL 33137			
(Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office add new registered agent and/or the new registered office address  Name of New Registered Agent	MIAMI, FL 33137			
(Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent	MIAMI, FL 33137  ress in Florida, enter the name of the			

## Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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 Doe	
X Remove	Y	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	_		
Add			
Remove			<del> </del>
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			<u></u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Demosra			

E. <u>If ame</u>	nding or adding addi	tional Articles, enter	change(s) here:		
(Attach	additional sheets, if n	ecessary). (Be spec	ific)		
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F. If an a	mendment provides i sions for implementis	or an exchange, recl of the amendment if	assification, or car not contained in t	rcellation of issued he amendment itsel	<u>shares.</u> f:
(i	f not applicable, indica	ate N/A)			<del></del>
	-				
					<del></del>
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The date of each amendment(s) adoption:	2 . · · · · ·			أسيواء وماء بالعرا	if other than the
date this document was signed.				4	
Effective date if applicable:	238		5°		· ·
	(no more than 9	0 days after amendi	nent file date	e)	
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applic	able statutory filing	g requiremen	its, this date will	not be listed as the
Adoption of Amendment(s) (C	HECK ONE)				• • • • • • • • • • • • • • • • • • •
The amendment(s) was/were adopted by the action was not required.	e incorporators, or	board of directors w	vithout share	holder action and	l shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The approval.	e number of votes c	ast for the a	mendment(s)	
The amendment(s) was/were approved by to must be separately provided for each voting.  The number of votes cast for the amendment(s)	ng group entitled to	vote separately on	the amendm	ring statement ent(s):	
by	, , , ,				and the second s
Dated 5 28.2	oting group)				
selected, by an in	edident or other offi corporator — if in the cry by that fiduciary	cer - if directors or he hands of a receiv	officers haver, trustee, o	ve not been or other court	
Jc	Solca	D VICIO	do		10 87 24 3 15 2
	(Typed or printed	name of person sig	gning)		
The state of the s	(Title of parson s	(ming)	<u> </u>		
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