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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Glidden Spina & F	Partners Architecture Interio	or Design Inc.			
DOCUMENT NUM	P07000036500	_				
The enclosed Article	s of Amendment and fee are su	bmitted for filing.				
Please return all corr	espondence concerning this ma	tter to the following:				
	Anita Wurster					
		Name of Contact Person	1			
	Glidden Spina & Partners Architecture Interior Design Inc.					
		Firm/ Company				
	207 6th Street					
		Address				
	West Palm Beach, Fl 33401					
		City/ State and Zip Cod	2			
anit	a@gliddenspina.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further informati	on concerning this matter, pleas	se call:				
Anita Wurster		at (_) 684-6844			
		de & Daytime Telephone Number				
Enclosed is a check f	or 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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address iment Section on of Corporations Building xecutive Center Circle			

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

of

Glidden Spina & Partners Architecture Interior Design Inc. (Name of Corporation as currently filed with the Florida Dept. of State) Glidden Spina & Partners Architecture Interior Design Inc. (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: A. If amending name, enter the new name of the corporation: Spina O'Rourke + Partners Architecture Interior Design Inc. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.. " or the designation "Corp," "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature 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.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add		_		
Add				-
Kemove				
5) Change				
Add				
Remove				
6) Change			· · · · · · · · · · · · · · · · · · ·	
Add				
Remove				

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an amendn	ent provides for an	exchange, reclassif	<u>fication, or cancell</u>	lation of issued s	hares,	
if not a)	r implementing the plicable, indicate N/.	amenoment it not	contained in the a	menament itselt	<u>:</u>	
(ij noi up	pricame, marcure in	11)				
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The date of each amendment date this document was signed		, if other than the
Effective date <u>if applicable</u> :	10/01/2019	
in apprendict.	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes east for the amendmere sufficient for approval.	nent(s)
	e approved by the shareholders through voting groups. The following stad for each voting group entitled to vote separately on the amendment(s):	
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and sharel	holder
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholde	er
9/12/2 Dated	2019	
Signature _	50	
se	y a director, president or other officer – if directors or officers have not be lected, by an incorporator – if in the hands of a receiver, trustee, or other pointed fiduciary by that fiduciary)	
	Tammy O'Rourke	
	(Typed or printed name of person signing)	
	Vice-President	
	(Title of person signing)	