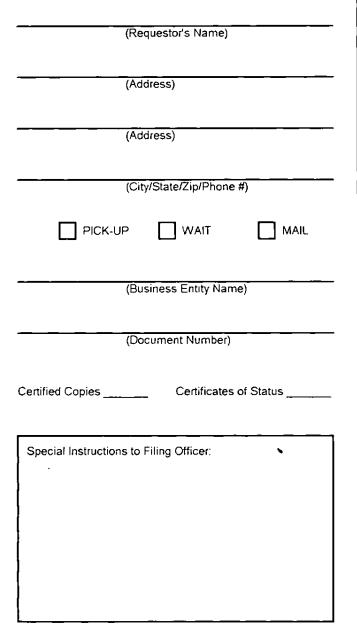
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SEP 2 - 113



COVER LETTER

TO: Amendment Section Division of Corpo			
•	Λ	٢	
NAME OF CORPOR	7 3	TURAL TIEG	Lic DEMICE
DOCUMENT NUMB	er: <u>Y07000</u>	0 89731	
The enclosed Articles of	of Amendment and fee are sub	mitted for filing.	
Please return all corresp	pondence concerning this matt	er to the following:	
	Durva	in Ouy	
_	Architecture		Service
	2362 Pin	Firm/Company	. 179
-	Pembruke	Address	F1 33024
<u>-</u>	\overline{C}	City/ State and Zip Code	
	aesta	of for future annual report	.1^
	E-mail address: (to be use	ed for fugure annual report	notification)
For further information	concerning this matter, please	e call:	
		9-1	121 8627
1)111/40,	Cly	at (154	le & Daytime Telephone Number
	f Contact Person \		
Enclosed is a check for	the following amount made p	ayable to the Florida Depar	rtment 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		Street Address	
Amendment Section		Amendment Section	
Division of Corporations		Division of Corporations Clifton Building	
P.O. Box 6327 Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment

to

Articles	of Incorporation
Λ	of
ARCHIERULAL	CLEANICE CERNICE
	rrently filed with the Florida Dent. of State)
7010000 89	
(Document Nur	nber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending pame, enter the new name of the corporation	on;
N/A	— The new
name must be distinguishable and contain the word "corp	oration," "company," or "incorporated" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc, word "chartered," "professional association," or the abbrevio	" or "Co". A professional corporation name must contain the
word chartered, projessional association, or the aborevic	MON F.A.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
(Principal Office address <u>MUST DE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	N/A-
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered offic	a address in Florida anter the name of the
new registered agent and/or the new registered office a	
None of Non-Books and Appet	1 / As
Name of New Registered Agent	
(Fig.	rida street address)
(1 10)	add sir eer daar essy
New Registered Office Address:	(City) (Zip Code)
	(Chy)
	:: 22
New Registered Agent's Signature, if changing Registered	Agent:
I hereby accept the appointment as registered agent. I am far	niliar with and accept the obligations of the position.
	5 N T
Signature of	New Registered Agent, if changing
•	TO TO THE REAL PROPERTY OF THE

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 <math>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	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name Adda	
1) Change	\overline{V}	Ricardo Jenniau65 83	62 Pines Blud
<u></u> Add		<u>. </u>	179.
Remove		1 den	abrolle Play Fl 33024
2)Change	I	Shane MLEASH 83	362 Pinos Blud
Add		#	179
Remove		<u>Pe</u> ,	nStoke Kires Fl 3302
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

If amending or adding additional A (Attach additional sheets, if necessary	y). (Be specific)
	/
· · · · · · · · · · · · · · · · · · ·	
f an amendment provides for an expressions for implementing the au	xchange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:
(if not applicable, indicate N/A))
	N/R
	· ·

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document effective date on the E	block does not meet the applicable statutory filing requirements, this date with Department of State's records.	ill not be listed as the
Ad of Amendment(s)	(CHECK ONE)	
. The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by	" (voting group)	
☐ The amendment(s) was/were ac action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ac action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated	9.12.18	
Signature		
	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	
	nted fiduciasy by that fiduciary)	
	Durani Ciny	
	(Typed or printed name of person signing)	
	(Title of person signing)	