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(Re	equestor's Name))
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PICK-UP	☐ WAIT	MAIL
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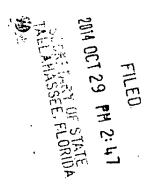
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COVER LETTER

TO: Amendment Section

Division of Corporations BOTERO ARCHITECTURE, INC. TANDINO NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: TINA FANDINO ARCHITECT 16 STREET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tailahassee, FL 32301

Tallahassee, FL 32314

,	Articles of Ame	ndment		
	to		FILED	
	Articles of Incor			
FANTINIA POTER	a Aprilia	ECTURALLA OC	129 PM 2:4!	
(Name of Corporation as curre	onthe filed with the Flor	eida Dant of State)	TAC OF STATE	
(Name of Corporation as curre	mily med with the Fior	toa Dept. of State)	HASSEE, FLORIDA	
70800	1005062°		HV23FF.	
(Document Nun	nber of Corporation (if k	nown) 🙌 👸 👢	•	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Flo	orida Profit Corporatio	n adopts the following amendment(s)	to
A. If amending name, enter the new name of	the corporation:			
Λ		CT INC		
name must be distinguishable and contain the	2 ARCHITE		The new	
"Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co	". A professional cor	poration name must contain the	
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		SAME AS	BETORE	
			 	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)		9281 SW	76 STREET	
(muning duaress MAT BE A FOST OF FI	CE BOX		10 - 10	
		MIAMI, 7	L 33113	
D. If amending the registered agent and/or r		s in Florida, enter the	name of the	
new registered agent and/or the new regi	•	~ ~ ~		
Name of New Registered Agent	DAME AS	BEFORE		
	(Florida street	address)		
Now Devictored Office Address		Clar	da.	
New Registered Office Address:	(City)	, Flor	(Zip Code)	
New Registered Agent's Signature, if changing				
I hereby accept the appointment as registered a	igent. I am familiar witi	h and accept the obliga	tions 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>P</u> T	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add Remove		_	-
2) Change Add Remove	***************************************	**	
Change Add Remove			
4) Change Add Remove			
5) Change			
Remove 6) Change			
Add			

attach <i>additional sh</i>	eets, if necessary).	icles, enter change(s) (Be specific)		
				
			1 <u></u>	
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		 		- =
an amendment p	rovides for an exc	hange, reclassification	n, or cancellation of iss	ued shares,
if not applical	lementing the amo	endment if not contain	ned in the amendment	itseii:
	[[A			
			_	
				

The date of each amendment(s) adoption: 10 23 14	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
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	
(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.	
Dated 10)28 14	
Signature (By a director, president or other officer – if directors or officers have not been	
selected, 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)	
Porior -	
(Title of person signing)	