P09000057000

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(PM 2-18-15

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: TLK ARCHITECTURE, INC.
DOCUMENT NUMBER: P09000057000
The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following:
Please return all correspondence concerning this matter to the following:
TAMBRA L. GOOBECK Name of Contact Person
TLK ARCHITECTURE, INC.
3180 NW 107 AVENUE Address
CORAL SPRINGS, FL 33065 City/ State and Zip Code
TAMMY @ TLK ARCHITECTURE . COM E-mail address! (to be used for future annual report notification)
For further information concerning this matter, please call:
TAMMY GOOBECK at 954 290-3477 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation

of	-
TLK Architecture.	Lnc.
(Name of Corporation as currently filed with the Florida Dept. of State)	
PD90000 5 7000	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporatio</i> its Articles of Incorporation:	on adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "inc "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional conword "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	Z.
	<u> </u>
	
C. Enter new mailing address, if applicable:	Constant of the Constant of th
(Mailing address MAY BE A POST OFFICE BOX)	P. IT
	33 S
D. If amending the registered agent and/or registered office address in Florida, enter the new registered agent and/or the new registered office address:	e name of the
Name of New Registered Agent TAMBRA L. GOOBE	
3180 NW 107 AVE, Co (Florida street address)	DRAL SPRINGS, FL 33065
	orida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with and accept the obligi	ations of the position.
Tel	
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	PT John	n Doe		
X Remove	<u>V</u> <u>Mik</u>	ce Jones		
X Add	<u>SV</u> Sall	y Smith		
Type of Action (Check One)	Title	<u>Name</u>		Address
i) Change	PDS	TAMBRA	L. GOOBECH	<
Add Remove				
2) Change	POS	TAMBRA	L. KIRKPA	TRICK
Add Remove				
Change Add				
Remove				
4) Change				
Add Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
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	·
<u>i an amendment provides for an exch</u>	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable:		
Enective date in applicable.	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement 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	
by	(voting group)	
action was not required.	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder	
Dated 2/13	3/15 /, C	
(By a di selected	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	_
	TAMBRA L. GOOBECK (Typed or printed name of person signing)	
	(1 yped or printed name of person signing)	
	PD 5 (Title of person signing)	
	(True of person signing)	