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17 HAY 30 PH 2: 34

JUN 05 2017 R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: ARCHITECTURE	STUDIO, INC.	· ·
DOCUMENT NUM	IBER: P12000098838		<u> </u>
The enclosed Article	s of Amendment and fee are sul	omitted for filing.	
Please return all corr	espondence concerning this mat	ter to the following:	
	ROLANDO SOSA		
		Name of Contact Person	n
	ARCHITECTURE STUDIO,	INC.	
•		Firm/ Company	
	1823 E. FORT KING STREE	T, SUITE #102	
		Address	
	OCALA, FL 34471		
		City/ State and Zip Cod	e
SOS	A@SOSARCHITECT.COM		
	-	ed for future annual report	notification)
	(r	,
For further informati	on concerning this matter, pleas	e call:	
ROLANDO SOSA		at (352	620-0944
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check t	or the following amount made p	ayable 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

17 HAY 30 PH 2: 33

ARCHITECTURE STUDIO, INC.	
(Name of Corporati	ion as currently filed with the Florida Dept. of State)
P12000098838	
(Docur	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:
	The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	rd "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable	e:
(Principal office address <u>MUST BE A STREET ADI</u>	DRESS)
	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>
	red office address in Florida, enter the name of the
new registered agent and/or the new registered	ornice address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
·	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg	rictored Agent
	I am familiar with and accept the obligations of the position.
	<u> </u>

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 Jones		
X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	V		RITA P. SOSA-ZAHN	533 NE 3RD AVENUE
X Add				SUITE #4
Remove				FORT LAUDERDALE, FL 33301
2) Change	<u> </u>	_		·
Add				
Remove				
3) Change				
Add				
Remove				
4) Change	 			
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
<u> </u>	
_	
	, , , , , , , , , , , , , , , , , , ,
·	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument it not contained in the amendment itself.

The date of each amendment(s) a date this document was signed.	doption:	, if other than th
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	r
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
■ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	15/24/17	
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 fiduciary by that fiduciary)	
	ROLANDO SOSA	
	(Typed or printed name of person signing)	
	PRESIDENT, SECRETARY, TREASURER	
	(Title of person signing)	

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: ARCHITECTURE	STUDIO, INC.			
DOCUMENT NUMBE	D12000000020	·	_ 		
The enclosed Articles of	Amendment and fee are sub	emitted for filing.			
Please return all correspo	ondence concerning this mate	ter to the following:	,		
R	OLANDO SOSA				
		Name of Contact Person	n .		
A .	ARCHITECTURE STUDIO, INC.				
_		Firm/ Company			
18	1823 E. FORT KING STREET, SUITE #102				
		Address			
O	CALA, FL 34471				
_		City/ State and Zip Cod	e		
SOSA@	SOSARCHITECT.COM				
<u>~</u> _	E-mail address: (to be use	d for future annual report	notification)		
	`				
For further information co	oncerning this matter, please	call:			
ROLANDO SOSA			620-0944		
Name of (Contact Person	at (de & Daytime Telephone Number		
	·	Alea Co	de & Daytime Telephone Number		
Enclosed is a check for th	e following amount made pa	yable to the Florida Depa	riment 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)		
Amendi Division P.O. Bo	ex Address ment Section of Corporations ox 6327 ssee, FL 32314	Amend Divisio Clifton 2661 E:	Address ment Section n of Corporations Building secutive Center Circle ssee, FL 32301		