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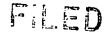
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: 2+ Architects, In	e			
DOCUMENT NUMB	ER:P13000090975				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
		Edgardo O. Macchi			
-	Name of Contact Person				
		2+ Architects, Inc.			
-		Firm/ Company	 		
	260 Andalusia Avenue				
-	Address				
	Coral Gables, Florida 33134				
-		City/ State and Zip Code	411		
	emacchi@2plus-archite	ets com			
	_ ·	sed for future annual report r	notification)		
For further information Edgardo O. Mac	concerning this matter, please	786	564-2675		
Name o	f Contact Person	Area Cod	c & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depar	tment 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 A			
Amendment Section		Amendment Section Division of Corporations			
Division of Corporations P.O. Box 6327		Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle			
		Tallahas	ssee, FL 32301		

Articles of Amendment to Articles of Incorporation of



2+ Architects, Inc.		2019 JEH 25 PM 1 1 10
(Name of	Corporation as curren	tly filed with the Florida Dept. of State)
2+ Architects, Inc.		24 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T
·	(Document Number	of Corporation (if known)
ursuant to the provisions of section 607.16 s Articles of Incorporation:	006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment
If amending name, enter the new nam	ne of the corporation:	
2 Plus Architects, Inc.		The new
	tion "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable:		N/A
Principal office address MUST BE A STA		
. Enter new mailing address, if applic	ahle:	
(Mailing address MAY BE A POST O		N/A
. If amending the registered agent and	or registered office add	dress in Florida, enter the name of the
new registered agent and/or the new	registered office addre	<u>ss:</u>
Name of New_Registered Agent	N/A 	
-	(Florida s	treet address)
p n ton tt	N/A	. Florida
New Registered Office Address: _	-	(City) (Zip Code)
ew Registered Agent's Signature, if ch		
hereby accept the appointment as register	red agent. I am familiar	with and accept the obligations of the position.
	G: C12	Registered Agent, if changing

•				•
address of each Officer (Attach additional sheets, Please note the officer/di, P = President; V= Vice Executive Officer; CFO: held, President, Treasure Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	and/or E if necess rector tite President Chief in Directe in the fo	virector by sary) le by the f. t; T= Tree Financial or would of llowing m orporatio	eing added: asurer; S= Secretary; D= Director; The Officer of the officer/director of the officer of the PTD. anner. Currently John Doe is listed as the North Smith is named the V and S. The officer of the V. and S. The officer of the off	Re Trustee: C = Chairman or Clerk: CEO = Chief wore than one title, list the first letter of each office the PST and Mike Jones is listed as the V. There is these should be noted as John Doe, PT as a Change,
Example: <u>X</u> Change	<u>PT</u>	John De	<u>oc</u>	
X Remove	\underline{V}	<u>Mike Jo</u>	ones .	
X Add	<u>SV</u>	<u>Şally Sr</u>	mith_	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_	N/A	
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
O) Change		_		
Remove				

Attach additional sheets, if necessary). (Be specific)	
A	
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	1
f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
A	
- A. A	
	<u> </u>

	f other than the
date this document was signed. 01/01/2019	
Effective date if applicable:	<u> </u>
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	be listed as the
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	
by" (voting group)	
(voing 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.	
January 18th, 2019	
Dated	
(By a director, president or other officer — it directors or officers have not been selected, by an incorporator — it in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Edgardo O, Macchi	
(Typed or printed name of person signing)	
Director	1
(Title of person signing)	1