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Mr

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: ARCHITEC	T GALLERY IN	С
DOCUMENT NUM	_{ивек:} <u>Р1400000032</u>	5	
	es of Amendment and fee are su		
Please return all corr	espondence concerning this mat	tter to the following:	
	JOSE CAPRIO-C	ASTILLO	
		Name of Contact Person)
	ARCHITECT GAI		·
	0040 N. ANDDEN	Firm/ Company	
	2918 N ANDREV		
	WILTON MANOF	Address	
	WILTON WANOR	City/ State and Zip Code	
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	E-man address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
JOSE CAPI	RIO-CASTILLO	at (561	, 685-5755
Nam	e of Contact Person		de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fcc & 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		Amend Division	Address Iment Section on of Corporations Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ARCH	HITECT	CALL	FRY	INIC
ADUL	$\Pi \cap \Box \cup \Pi$		$\Box \Box \Box \Box$	HVC

(Name of Corporation as currently filed with th	ne Florida Dept. of State)	
P1400000325		
(Document Number of Corporation	on (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	this Florida Profit Corporation adopts the following	amendment(s) to
A. If amending name, enter the new name of the corporation:	<u>i</u>	
		The new
name must be distinguishable and contain the word "corpore "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," of word "chartered," "professional association," or the abbreviation	or "Co". A professional corporation name must c	breviation ontain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		•
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add		74 SE
Name of New Registered Agent	<u></u>	OCT CCRE
(Florida	a street address)	FILL FILL FILL FILL FILL FILL FILL FILL
New Registered Office Address:	, Florida	PH 9:
		9: 57
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famile		
Signature of New Register	red 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.

X Change	<u>PT</u>	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
1) Change	<u></u>	JOSE CAPRIO-CASTILLO	2918 N ANDREWS AVE
Add			WILTON MANORS FL 333
Remove			
2) Change	<u>P</u>	SHARON V ASHMAN	2918 N ANDREWS AVE
Add			WILTON MANORS FL 333
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
 1			
6) L Change			
Add			
Remove			

If 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)	Attach addition	adding additional Articl al sheets, if necessary).	(Be specific)			
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(if not applicable, indicate N/A)	provisions for	implementing the amen	dment if not cont	ained in the ame	endment itself:	. <u></u>
	(if not app	licable, indicate N/A)				
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The date of each amendment(s) adoption: SEPTEMBER 31, 2014	, if other than the
date this document was signed.	
Effective date if applicable: SEPTEMBER 31, 2014	
(no more than 90 days after amendment file date)	<u> </u>
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)	
(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 09/31/2014	
Dated Vol. 1	
Signature (Day of the second o	
(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)	
JOSE CAPRIO-CASTILLO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	_