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TO: Amendment Section

Division of Corporations NAME OF CORPORATION: A&E Facility Concepts, Inc DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Katherine Ericsson 19 NOY -4 PX 4: 24 Name of Contact Person **A&E Facility Concepts** Firm/ Company 3057 NE 16th Avenue Address Oakland Park, FL City/ State and Zip Code kathyericsson@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Katherine Ericsson Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 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 Tailahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

A & E Facility concepts, Inc		
(Name of Corporat	tion as currently filed with the Florida Dept. of State)	
14000069318		2
(Docu	ement Number of Corporation (if known)	
ursuant to the provisions of section 607.1006, Florid s Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the follow	ing amendment(s)
. If amending name, enter the new name of the c	corporation:	
		The new
	ord "corporation," "company," or "incorporated" or the p," "Inc," or "Co". A professional corporation name mus e abbreviation "P,A."	
. Enter new principal office address, if applicable		5
Principal office address <u>MUST BE A STREET AD</u>	DRESS)	8
	· · · · · · · · · · · · · · · · · · ·	<u> </u>
		<u>-F 02</u>
Enter new mailing address, if applicable:		H S
(Mailing address <u>MAY BE A POST OFFICE Bo</u>	<u></u>	<u> </u>
		F 3
		
 If amending the registered agent and/or registered new registered agent and/or the new registered 	ered office address in Florida, enter the name of the	
	1 VIII 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Namelof New Registered Agent		
		·
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Zi	p Code)
ew Registered Agent's Signature, if changing Re hereby accept the appointment as registered agent.	egistered Agent: I am familiar with and accept the obligations of the position	1.
, , , , , , , , , , , , , , , , , , , ,	y and position	· ·
		<u> </u>
Sig	nature 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 De	o c	
X Remove	<u>v</u>	Mike Jo		
X Add	<u>sv</u>	<u>Şally Sr</u>	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	D	<u></u>	Gustavo Alfano	3057 NE 16th Avenue
Add X Remove				Oakland Park, FL 33334
2) Change				
Add				
Remove				
3) Change		- -		
Add Remove				
4) Change				
Add Add		_		
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach aa	ing or adding additional Articles, enter change(s) here: idditional sheets, if necessary). (Be specific)
	<u> </u>
f un ama	ndment provides for an exchange, reclassification, or cancellation of issued shares,
provisio	ns for implementing the amendment if not contained in the amendment itself:
(if no	ot applicable, indicate N/A)
• "	
-	
_	

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
1		
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 epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendmen ufficient for approval.	1(s)
	proved by the shareholders through voting groups. The following states reach voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by NA		
	(voting group)	
The amendment(s) was/were ac action was not required.	opted by the board of directors without shareholder action and shareholder	der
☐ The amendment(s) was/were ac action was not required.	opted by the incorporators without shareholder action and shareholder	
October 1 Dated	5, 2019	
Signature 44		
(By a select	director, president or other officer – if directors or officers have not beed, by an incorporator – if in the hands of a receiver, trustee, or other educated fiduciary by that fiduciary)	
	Katherine M Ericsson	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	