P16000042099

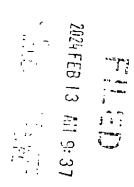
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
<u></u>				

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COVER LETTER

TO: Amendment Section Division of Corporations

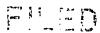
•

NAME OF CORPO	RATION: ARCHITECTS &	CONTRACTORS CONSU	JLTING SERVICES INC		
DOCUMENT NUM					
The enclosed Articles	of Amendment and fee are si	ubmitted for filing.			
Please return all corre	spondence concerning this ma	atter to the following:			
	FAURE COLLAZO				
	 .	Name of Contact Perso	n		
	ARCHITECTS & CONTRACTORS CONSULTING SERVICES INC				
		Firm/ Company	17*7		
	15587 SW 62 Ter				
		Address	···		
	Miami, FL 33193				
		City/ State and Zip Cod	e		
	faurecollazo@gmail.com				
	E-mail address: (to be u	sed for future annual report	notification)		
For further information	n concerning this matter, plea		516-7179		
	of Contact Person	at (/80) 516-7179 de & Daytime Telephone Number		
	r the following amount made				
S35 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation





(Name)	of Corporation as currently fi	ed with the Florida Der	obrofiState) in Fig. 0. 07
P16000042099			TOTTED IS AN 9:31
· · · · -	(Document Number of Co	orporation (if known)	
fursuant to the provisions of section 607 s Articles of Incorporation:	1006, Florida Statutes, this Flo	rida Profit Corporation a	idopts the following amendment
a. If amending name, enter the new n	ame of the corporation:		
ame must be distinguishable and contain Inc.," or Co.," or the designation "C chartered," "professional association,"	Corp," "Inc," or "Co". A pi		
3. Enter new principal office address, Principal office address MUST BE A S	<u>if applicable:</u>	N/A	
. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A	
). If amending the registered agent an new registered agent and/or the new		in Florida, enter the na	me of the
Name of New Registered Agent			
	(Florida street d	 nddress)	
New Registered Office Address:	N/A (Cit		_, Florida(Zip Code)
New Registered Agent's Signature, if c hereby accept the appointment as regist	ered agent. I am familiar with	, -	ns of the position.
	Signature of New Regis	tered Agent, if changing	
Check if applicable The amendment(s) is/are being filed p	ursuant to s. 607.0120 (11) (c).	F.S.	

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)

Add

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 Doe X Remove $\underline{\mathbf{V}}$ Mike Jones <u>X</u> Add SV Sally Smith Type of Action Address <u>Title</u> <u>Name</u> (Check One) 1) ____ Change ____ Add Remove 2) ____ Change ____ Add ___ Remove 3) ____ Change ___ Add ____ Remove 4) ____ Change ____ Add ____ Remove 5) Change ____ Add Remove 6) Change

(Attach additional sheets, if necessary).	(Be specific)
I/A	
	have undersification or execulation of inner above
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
√Λ	
V/A	
v/A 	
V/A	
N/A	
V/A	
N/A	
V/A	
N/A	

.

The date of each amendment(s) adoption:, if other the date this document was signed.
Effective date if applicable:
(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 be listed document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
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)
2/3/2024 Dated
(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)
FAURE COLLAZO
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)