## P21000066116

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: MARTINEZ ARC	HITECTS INC.	
DOCUMENT NUM	BER: P21000066116		
	of Amendment and fee are su	bmitted for filing,	
Please return all corre	spondence concerning this ma	tter to the following:	
	HECTOR J. MARTINEZ		
		Name of Contact Person	
		Firm/ Company	
	15002 SW 145th ST		
		Address	
	MIAMI, FL, 33196		
		City/ State and Zip Code	
	HMARTINEZAIA@GMAIL	COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, plea	se call:	
HECTOR J. MARTI	NEZ	at (	975-4626 ) Paytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Nu		le & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Amendi Division The Ce	Address ment Section n of Corporations entre of Tallahassee !. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

MARTINEZ ARCHITECTS INC.

MAKTINEZ ARCHITECTS INC.			
( <u>Name</u>	of Corporation as currently	y filed with the Florida Dept. of State)	
P21000066116			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1.1006, Florida Statutes, this	Florida Profit Corporation adopts the follow	wing amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
MARTINEZ ARCHITECT INC.			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,	Corp," "Inc." or "Co". A	ompany," or "incorporated" or the abbrevi professional corporation name must cor	ation "Corp.,"
B. Enter new principal office address,	if applicable:	N/A	
(Principal office address MUST BE A S			
C. Enter new mailing address, if appl	YL1		
(Mailing address MAY BE A POST		N/A	
	·		
D. If amending the registered agent at	nd/or registered office addr	ess in Florida, enter the name of the	
new registered agent and/or the ne			
Name of New Registered Agent	N/A		
The state of the s			<del></del>
	(Florida stre	nat tuldrass	•
	N/A	er dan ensy	
New Registered Office Address:		, Florida(City)	ip Code)
		(2.19)	up civile)
			202
New Registered Agent's Signature, if o	changing Registered Agent:		
		rith and accept the obligations of the position	on. 🚝
			2021 JUI, 26
			79
	Signature of New Re	egistered Agent, if changing	
	ingliantic of their in	Same on regard, if changing	<del></del> ω
Check if applicable			2
The amendment(s) is/are being filed p	oursuant to s. 607.0120 (11) (	e), 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)

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	$\underline{V}$	Mike Jones		
X Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) N/A Change		N/A	<del></del>	
Add				
Remove				
2) N/A Change		N/A	<del></del>	
Add				
Remove 3) N/A Change		N/A		
Add				
Remove				
4) N/A Change		N/A		
Add				
Remove				
5) N/A Change		N/A	<u></u>	<u></u>
Add				
Remove				
6) N/A Change		N/A		
Add				
Remove				<del></del>

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
	<del></del>
	<del></del>
	<del></del>
F. 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)	
N/A	
	<del></del>

•

N/A	
The date of each amendment(s) adoption:	, if other than the
08-08-2021	
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, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without sharehol action was not required.	der action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amer by the shareholders was/were sufficient for approval.	dment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following 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 HECTOR J. MARTINEZ	
(voting group)	
Dated  O7-21-2021  Signature  (By a director, president or wher officer – if directors or officers have no	t been
selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)	
HECTOR J. MARTINEZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	