# P22000053119

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### **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ation: <u>† 5A</u> (	3 ARCHITEC	75,1NC.
DOCUMENT NUMB	ER: <u>P22000</u>	053119	·
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	CABBI	E) - SALAZA	\ <del>K</del>
-	GIVIPI	EL SALAZA Name of Contact Person	1
-		Firm/ Company	
	11361	NW 52 37 Address	•
-	<u> </u>	Address	2178
-	VO	ZAL FL 3 City/ State and Zip Code	9170
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For further information	concerning this matter, pleas	se call:	
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Name o	BRIEL SAZAR Contact Person	at ( <u>205</u> Area Co	de & Daytime Telephone Number
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S35 Filing Fee	□\$43.75 Filing Fee &	□\$43.75 Filing Fee &	X852 50 Filing Fee
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		(Additional copy is enclosed)	(Additional Copy is enclosed)
	ng Address		Address
	ndment Section ion of Corporations		ment Section on of Corporations
	Box 6327		entre of Tallahassee
Taila	hassee, FL 32314	2415 8	N. Monroe Street, Suite 810

Tallahassee, FL 32303

#### Articles of Amendment

#### Articles of Incorporation

## P22000053119 (Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

. If amending name, enter the new nam		• 1	
SAG ARC une must be distinguishable and contain th	HITECTS	, INC.	The net
ime must be distinguishable and contain th Inc.," or Co.," or the designation "Cor chartered," "professional association," on	p," "Inc," or "Co". A	Ompany," or "incorporated professional corporation	" or the abbreviation "Corp., name must contain the wor
. Enter new principal office address; if a Principal office address <u>MUST BE A STR</u>		NA	2022 JI
			855
. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		<u>NA</u>	E FICH
			ν 
. If amending the registered agent and/ new registered agent and/or the new r			ame of the
			ame of the
new registered agent and/or the new r		<u> </u>	ame of the
new registered agent and/or the new r	registered office address	<u> </u>	ame of the
new registered agent and/or the new r	registered office address  NA  (Florida str.	<u> </u>	
new registered agent and/or the new r	registered office address  NA  (Florida str.	eet address)	Florida
new registered agent and/or the new r  Name of New Registered Agent  New Registered Office Address:  cw Registered Agent's Signature, if cha	registered office address    N   A     (Florida str.)   N   A     N     N   A     N	eet oddress) (City)	Florida(Zip Code)
new registered agent and/or the new r  Name of New Registered Agent  New Registered Office Address:	registered office address    N   A     (Florida str.)   N   A     N     N   A     N	eet oddress) (City)	Florida(Zip Code)
new registered agent and/or the new r  Name of New Registered Agent  New Registered Office Address:  cw Registered Agent's Signature, if cha	registered office address    N   A     (Florida str.)   N   A     N     N   A     N	eet oddress) (City)	Florida(Zip Code)

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 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
l) Change		NA	
Add			
Remove		. A .	PRZ JUL
2) Change		NA	Allasseer F
Add			Service II
Remove Change		NA	
Add			Or F
Remove			
4) Change		NA	
Add			
Remove		11 <u>&amp;</u>	
5) Change		NA	
Add			
Remove		X	
6) Change		NA	
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
NA		
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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)		
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		_
		<del></del>
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The date of each amendment(s) adoption: date this document was signed.	JULY	2,2022	<u> </u>	if other than	the
Effective date if applicable:	(no more than S	2,2022 O days after amendmen	n file date)		
Note: If the date inserted in this block does a document's effective date on the Department of		cable statutory filing re	equirements, this da	te will not be listed as	the
Adoption of Amendment(s) (CI	HECK ONE)				
The amendment(s) was/were adopted by the action was not required.	e incorporators, or	board of directors with	out shareholder actio	on and shareholder	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		e number of votes cast	for the amendment(	s)	
☐ The amendment(s) was/were approved by the must be separately provided for each voting				FILED AND: 44	
"The number of votes cast for the amo	endment(s) was/we	ere sufficient for approv	al	LASSI	
by	oting group)		"	A D	
Dated	× 2,20	22		THE STATE OF THE S	
	orporator – if in th	cer – If directors or offi ne hands of a receiver, t		1	
	GABRII (Typed or printed	EL SALA name of person signing	ZAR		
	PRES (Title of person si	gning)			