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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: Aude Smith Archi	tecture, Inc AIA	
DOCUMENT NUMBE			
The enclosed Articles of	Amendment and fee are su	abmitted for filing.	
Please return all correspond	ondence concerning this ma	atter to the following:	
L	isa DesCoteaux		
		Name of Contact Person	n
A	ude Smith Architecture, Inc		
· · · · · · · · · · · · · · · · · · ·	ado ottomi i i i i i i i i i i i i i i i i i i		
25	5400 US Highway 19 N, Su	Firm/ Company ite 290	
_		Address	
C	learwater, FL 33763	Address	
-	icalwater, FL 33763		
		City/ State and Zip Code	e
admin	@audesmith.com		
	E-mail address: (to be used for future annua	l report notification)
For further information of	concerning this matter, pleas	se call:	
Lisa DesCoteaux		at (⁷²⁷	785-4441
Name of	Contact Person		de & Daytime Telephone Number
			•
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:
■ \$35 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 See Division of Cor P.O. Box 6327 Tallahassec, FL	ction porations	Divisio The Ce 2415 N	Iment Section on of Corporations entre of Tallahassee I. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to

Articles of I	ncorporation	
d	of	Γ.
Aude Smith Architecture, Inc AIA	ZUZI HAP	J
(Name of Corporation as currently filed with the	recorporation of 2021 KAP 4 AM Florida Dept. of State)	in: 5-
P94000073479	• .•	.0.3/
(Document Number of Corporation	(if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, th Incorporation:	is corporation adopts the following amendment(s) to its Articles of
A. If amending name, enter the new name of the corporation:		
Aude Architecture, Inc AIA		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain	n "Corp"
B. Enter new principal office address, if applicable:	25400 US Highway 19 N	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Suite 290	
	Clearwater, FL 33763	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	25400 US Highway 19 N	
	Suite 290	
	Clearwater, FL 33763	
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address	dress in Florida, enter the name of the	
Name of New Registered Agent	····	
(Florida	street address)	
New Registered Office Address:	. Florida	
(Cit	·	

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 Do	<u>oe</u>	
X Remove	\underline{V}	Mike Jo	<u>ones</u>	
X Add	<u>\$V</u>	Sally Si	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	<u>v.</u>		Jeff W. Smith	748 Broadway
Add				Suite 202
X Remove				Dunedin, FL 34698
2) Change				
Add				<u> </u>
Remove 3) Change		_		
Add				
Remove				
4) Change				
Add				·
Remove				
5) Change		_		
Add				
Remove				
<i>δ</i>) Change				
Add				
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	(Be specific)
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an amendment provides for an exchan	ige, reclassification, or cancellation of issued shares.
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an amendment provides for an exchan rovisions for implementing the amend (if not applicable, indicate N/A)	nge, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:
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•	2/25/2021	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.		
3 Effective date if applicable:	/1/21	
Enterive date it appreade.	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) a sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided.	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	· ·	
•	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
2/25/21		
Dated		
Signature	Attile.	
selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	_
	Robert J. Aude	
	(Typed or printed name of person signing)	
	President	

(Title of person signing)