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ON SECRETARY OF STATE OF STATE OF CORPORATIONS

V HERRING APR 2 5 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Slattery and Associates Architects Planners, Inc
DOCUMENT NUMBER: P 99000092120
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert Halula Name of Contact Person
Slattery and Associates Architects Planners Inc.
2060 NW Boca Raton Blud. Suite #2
Boca Raton, FL 33431 City/State and Zip Code
bobh @ slatteryarch: tects, com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert Halula at (561) 392-3848 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATION

Slattery and Associates Arc	hitects Planners 2011-APR 24 PM 3: 40 prently filed with the Florida Dept. of State)
P99000092120	nber of Corporation (if known)
(Document Num	nber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:
	poration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the ation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office as	
Name of New Registered Agent	N/A
(Flo	rida street address)
New Registered Office Address:	(City) (Zip Code)
	(Elly)
New Registered Agent's Signature, if changing Registered. I hereby accept the appointment as registered agent. I am fan	Agent: miliar with and accept the obligations of the position.
	N/A
Signature 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 <math>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 John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	<u>PS</u>	Robert Halula	12801 Tulipwood Circle
A dd			Boca Raton, FL 33428
Remove			
2) Change			
Add			10000000000000000000000000000000000000
Remove			
3) Change			
Add			
Remove			
4) Change	A STATE & COLUMN TO STATE OF THE STATE OF TH		
Add			No Tage
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	icles, enter change(s) here: (Be specific)
	N/A
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Allow and the control of the control	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

· · · · · · · · · · · · · · · · · · ·	_, if other than the
date this document was signed.	
Effective date if applicable: April 18, 2017 (no more than 90 days after amendment file date)	
(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 document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated April 18, 2017	
Signature (By a director president or other officer – if directors or officers have not been selected, by a director president or other officer – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	-
Pobert Halula (Typed or printed name of person signing)	.
President Secretary (Title of person signing)	