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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: MBI Kam ARCHITECTURE, INC
DOCUMENT NUMBER: 5000 48146
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SCOTT MALONEY Name of Contact Person MBI KAM ARCHITECTURE Firm/ Company 3121 Bridge Ave Address CLeveland, GH 44113 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Scott malowey at (216) 357, 2794 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:
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Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

mBI]K2m	ARCHITE	cture	INC	_
(Name of Corporation as curren	tly filed with the Florida D	ept, of State)		
70500 4\\((Document Numb	er of Corporation (if known	`		-
·	•	•		
Pursuant to the provisions of section 607.1006, Fi its Articles of Incorporation:	iorida Statutes, this <i>Florida</i> I	<i>Profit Corporation</i> add	opts the followin	g amenament(s) to
A. If amending name, enter the new name of the	he corporation:			
name must be distinguishable and contain the	mond "composition" "	, , , , , , , , , , , , , , , , , , ,	natad" an tha al	_The new
"Corp.," "Inc.," or Co.," or the designation "(word "chartered," "professional association," or	Corp," "Inc," or "Co". A	professional corporat	ratea or the action names must d	contain the
B. Enter new principal office address, if applic	able:			72
(Principal office address <u>MUST BE A STREET</u>	ADDRESS)			A
				FILED -2 PM
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	ROX)		0.7.1	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
<u> </u>			3	6
D. If amending the registered agent and/or registered agent and/or the new registered.	istered office address in Flored office address:	orida, enter the name	e of the	
Name of New Registered Agent				
	(Florida street address	5)		
New Registered Office Address:	(0:-)	, Florida	(7: C 1)	
	(City)		(Zip Code)	
lew Registered Agent's Signature, if changing I hereby accept the appointment as registered agent	Registered Agent: nt. I am familiar with and a	ccept the obligations o	of the position.	
	CM P			
Signature of	New Registered Agent, if ch	nanging		

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: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) K Change Add Remove	P	Scott MALONEY	1001 whitehead St Key west, FL 33040
2) Change Add Remove	P	michael B Ingram	1001 us bet head st Key west, FL 33040
3) Change Add Remove	·		
4) Change Add Remove			
Change Add Remove			
Change AddRemove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
NA
. 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)
·

The date of each amendment(s) adoption: 4 24 12
Effective date if applicable:
(no more than 90 days after amendment file date)
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 Swit C. Maloney
The amendment(s) was/were adopted by the board of directors without shareholderaction 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 Signature (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)
$ ho^{\prime}$.
(Typed or printed name of person signing)
(Typed or printed name of person signing)
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