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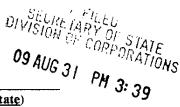
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORE	PORATION:	h.366, p.a.
DOCUMENT NU	MBER:	P05000078932
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.
Please return all co	prrespondence concerning this	s matter to the following:
	· ,	ector C. Fernandez
	N	ame of Contact Person
		ernandez architect, p.a.
		Firm/ Company
		27 S.W. 63 Terrace
		Address
Sc		ıth Miami, Fl. 33143
	Ci	ty/ State and Zip Code
		ezh366@aol.com I for future annual report notification)
For further informa	ation concerning this matter,	please call:
Hed	ctor C. Fernandez	at (at (786) 206-9895 x120 Area Code & Daytime Telephone Number
Name	of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a chec	k for the following amount m	ade payable to the Florida Department of State:
□ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	✓ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address		Street Address
Amendment Section		Amendment Section
Division of Corporations		Division of Corporations
P.O. Box 6327		Clifton Building
Tallahaccar	FI 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



h.366, p.a.

(Name of Corporation as currently filed with the Florida Dept, of State)

P05000078932

(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 its Articles of Incorporation:

Hector Ferr	nandez Architect, p.a.	The ne
me must be distinguishable and contain breviation "Corp.," "Inc.," or Co.," or the me must contain the word "chartered," "pro	e designation "Corp," "Inc," or "Co". A	professional corporation
Enter new principal office address, if apprincipal office address MUST BE A STREE	olicable: ET ADDRESS)	·
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		
farming numress WAI DE A FOST OFFI	<u>CE BUX</u>)	
•	registered office address in Florida, ente	r the name of the
If amending the registered agent and/or i	registered office address in Florida, ente	r the name of the
If amending the registered agent and/or new registered agent and/or the new regi	registered office address in Florida, ente	r the name of the
If amending the registered agent and/or new registered agent and/or the new regi	registered office address in Florida, ente stered office address: (Florida street address)	r the name of the Florida

Page 1 of 3

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)
_	

The date of each amendmen	it(s) adoption: August Total, 2009
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statemented for each voting group entitled to vote separately on the amendment(s):
"The number of vote	s cast for the amendment(s) was/were sufficient for approval
by	."
-, <u></u>	(voting group)
The amendment(s) was/w action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/w action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_Au	gust 18th, 2009
Signature_	y a director, president or other officer – if directors or officers have not been
se	lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Hector C. Fernandez
	(Typed or printed name of person signing)
	President, Treasurer
	(Title of person signing)