(Requestor's Name)		
(Address)	4003472737	'64
(Address)		
(City/State/Zip/Phone #)	07/07/2001035020	**52.
(Business Entity Name)		
(Document Number)		2020 .: ::
Certified Copies Certificates of Status		_1
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Montgomery Retire	ement Plan Advisors, Inc.	
	BER: P04000098193		<u> </u>
	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	William Michael Montgomer	у	
	-	Name of Contact Person	
	Montgomery Retirement Plan	n Advisors, Inc.	
		Firm/ Company	
	604 Waterwood Court		
		Address	
	Lutz, FL 33548		
		City/ State and Zip Code	
	11. h.	h WMMONTGOM	WAYOME, COM
	E-mail address: (to be us	sed for future annual report	
For further informati	on concerning this matter, plea	se call:	
William Michael Mo	ntgomery	at (⁸¹³	340-5757 de & Daytime Telephone Number
Name	of Contact Person	Area Coc	le & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Depa	rtment 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Division The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

to

(Name of Corporation as curre	ently filed with the Florida Dept. of State)	
P04000098193		
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	his Florida Profit Corporation adopts the fo	ollowing amendment(
A. If amending name, enter the new name of the corporation:	<u>:</u>	
WMM Family Enterprises, Inc.		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 professional corporation name must	
B. Enter new principal office address, if applicable:	No change	
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	
		
C. Enter new mailing address, if applicable:	No change	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	Two change	
		
D. If amending the registered agent and/or registered office a	ddress in Florida, enter the name of the	3: 00
new registered agent and/or the new registered office addr		0(
Name of New Registered Agent		
	·	
(Floride	ı street address)	
New Registered Office Address:	, Florida	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Ag		
I hereby accept the appointment as registered agent. I am famili	ar with and accept the obligations of the po	sition.
Signature of New	w Registered Agent, if changing	
Check if applicable		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<u>v</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Remove			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add		-	
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
If an amendment provides for an exclusions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	Hument a not contained in the agreements risers
	 .

.

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable: July 1, 2020	
Effective date if applicable: July 1, 2020 (no more than 90 days after amendment file date	•)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	its, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without sharely action was not required.	nolder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the an by the shareholders was/were sufficient for approval.	nendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
by	
Signature W. M. M. D. W. J. J. G. Signature (By a director, president or other officer – if directors or officers have	
Signature W. Mill Mittery	
(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)	
W. Michael Montgomery (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President (Title of person signing)	
(Title of person signing)	