F85510

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R. WETT JUN 22 LLI

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Dolence Advisors,	PA			
DOCUMENT NUM					
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Bradley W Butcher				
		Name of Contact Persor	1		
	Butcher & Associates, PL				
		Firm/ Company			
	6830 Porto Fino Circle, Suite	2 2			
		Address	<u> </u>		
	Fort Myers, FL 33912				
		City/ State and Zip Code	<u> </u>		
	Courtney@,teamdolence.com				
	. •	sed for future annual report	notification)		
For further informatic	on concerning this matter, plea	se call: at (239322165	1		
Name	of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address			Address		
	endment Section	Amendment Section			
	ision of Corporations . Box 6327	Division of Corporations The Centre of Tallahassee			
	ahassee, FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to **Articles of Incorporation** of

Articles of the	
	f
DOLENCE ADVISORS, P.A.	
(Name of Corporation as current	ly filed with the Florida Dept. of State)
F85510	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this is Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
. If amending name, enter the new name of the corporation:	
Oolence & Means Advisors, PA	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 the word
Enter new principal office address, if applicable:	N/A
Principal office address MUST BE A STREET ADDRESS)	
. ,	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
(Mailing duaress MAT BE A FOST OFFICE BOX)	
. If amending the registered agent and/or registered office add	lress in Florida, enter the name of the
new registered agent and/or the new registered office addres	<u>s.</u>
Name of New Registered Agent N/A	
(Florida st	reet address)
New Registered Office Address:	, Florída
New Registered Office Address.	(City) (Zip Code)
ew Registered Agent's Signature, if changing Registered Agent	
hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
Dimmer EVI	Desirement trans if alconomic
Signature of New 1	Registered Agent, if changing

Check if applicable

 \Box 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)

Example:

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	<u>V</u>	Mike Jo	nes .	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Remove		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		***
Add				
Remove				
6) Change		_		
Add				
Remove				

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)								
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<u>If an ame</u> provisio	ns for impleme	<u>les for an excl</u> enting the ame	hange, reclassifendment if not	<u>ication, or car</u> contained in t	<u>ncellation of i</u> he amendmei	ssued snares, nt itself:		
(if n	ot applicable, ii	ndicate N/A)						
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	May 5, 2021	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	I not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad- action was not required.	opted by the incorporators, or board of directors without shareholder action and	l shareholder
☐ The amendment(s) was/were ad- by the shareholders was/were si	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement 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)	
May 5, 202		
Dated	 _	
Signature -	No. Jr. Ma, 5 2021 17 10 EDT)	
(By a d selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Martin E. Dolence, Jr.	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	