## L71594

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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C. LEWIS 8 2013
EXAMINER

## **COVER LETTER**

TO: Amendment Section \*
Division of Corporations

NAME OF CORPO	RATION: Greenspire	& Associates	
DOCUMENT NUM			
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	Greg Shanabarge	er	
		Name of Contact Person	1
	Greenspire & Ass	sociates	
	<u> </u>	Firm/ Company	
	5850 Shirley St#	105	
		Address	
	Naples FL 34109	2307	
		City/ State and Zip Cod	e
Gre	eenspire1@aol.co	m	
		ed for future annual report	notification)
For further informatio	n concerning this matter, pleas	e call:	
Denise Shar	abarger	at (239	598-2391
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	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)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amo Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

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

13 SEP 30 PM 1: 41

SECRETARY OF STATE
TALLAHASSEF, FLORIDA

Greenspire & Associates, Inc.		TALLAHASSEE	FLORIDA
(Name of Corporation as currently filed	l with the Florida Dept	. of State)	•
L71594			
(Document Number of Co	orporation (if known)		•
Pursuant to the provisions of section 607.1006, Florida State Articles of Incorporation:	tatutes, this <i>Florida Pro</i>	fit Corporation adopts the following	g amendment(s) t
A. If amending name, enter the new name of the corp	oration:		
			_The new
name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abo	"Inc," or "Co". A pro	ny," or "incorporated" or the al ofessional corporation name must o	bbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRI</u>	ESS)		
	<del></del>	····	
a =	<del></del>		•
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	····		
	- · · · · · · · ·		
D. If any and its of the special and a speci			•
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		da, enter the name of the	
Name of New Registered Agent			
	(Florida street address)	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I a		ept the obligations of the position.	
Signature of New I	Registered Agent, if cha	nging	

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	Name	<u>Addres</u> s
1) Change	S	Sean McDaniel	5850 Shirley St #105
X Add	<del></del>		Naples FL 34109
Remove			
2) Change			
Add			**************************************
Remove			·
3 ) Change			
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)			
			**************************************
	······································		
-			
If an amendment provi provisions for implem (if not applicable, i	enting the amen	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:	
(y nor approactor,			
· · · · · · · · · · · · · · · · · · ·			

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9/26/2013 13 SEP 30 PM 1: Haher than the The date of each amendment(s) adoption: date this document was signed. SECRETARY OF STATE 9/26/2013 TALLAHASSEE, FLORIDA 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 (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 9/26/2013 Signature (By a director president of other officer of 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) Greg Shanabarger (Typed or printed name of person signing) Chief Executive Officer

(Title of person signing)