L71594

(Reque	estor's Name)	-
(Addre	ess)	-
(Addre	ss)	_
(City/S	State/Zip/Phone #)	_
PICK-UP	WAIT MAIL	
(Busin	ess Entity Name)	_
(Docui	ment Number)	_
Certified Copies	Certificates of Status	_
Special Instructions to Filing Officer:		

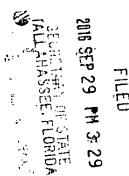
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A RAMSEY

COVER LETTER

TO: Amendment Section

Division of Corporations Greenspire & Associates, INc. NAME OF CORPORATION: DOCUMENT NUMBER: L71594 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Lyn Schantz Name of Contact Person Tax & Financial Strategists, LLC Firm/ Company 28089 Vanderbilt Dr., Suite 201 Address Bonita Springs, FL 34134 City/ State and Zip Code lyn@wondertax.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (239 Area Code & Daytime Telephone Number Lyn Schantz Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

GREENSPIRE & ASSOCIATES, INC.	FILEU
(<u>Name of Corpora</u> L71594	tion as currently filed with the Florida Dept. of State 9 PH 3 29
	ument Number of Corporation (if known) SEGRE AND OF STATE
cursuant to the provisions of section 607.1006, Flores Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the following amendme
If amending name, enter the new name of the	corporation:
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or to	The new ord "corporation," "company," or "incorporated" or the abbreviation rp," "Inc," or "Co". A professional corporation name must contain the ne abbreviation "P.A."
B. Enter new principal office address, if applical Principal office address MUST BE A STREET AS	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE I</u>	(OX)
D. If amending the registered agent and/or registerew registered agent and/or the new register.	tered office address in Florida, enter the name of the
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(14)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agen	legistered Agent: I am familiar with and accept the obligations of the position.
Si	gnature of New Registered Agent, if changing

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	S	Sean McDaniel	5850 Shirley St., #105	
Add X Remove			Naples, FL 34109	
2) Change	S	Corey Sellers	5850 Shirley St., #105	
X Add			Naples, FL 34109	
Remove				
3) Change		_		
Add			 	
Remove				
4) Change				
Add				
Remove				
5) Change		<u> </u>		
Add			 	
Remove				
6) Change				
Add				
Remove				

. If amending or adding additional Artic (Attach additional sheets, if necessary).	cies, enter cnange(s) here: (Be specific)
	· · · · · · · · · · · · · · · · · · ·
_ 	
. If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, and and an amendment itself:

The date of each amendment(s) ad date this document was signed.	option:, if other than th
imm	ediately
Effective date if applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this blue document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the amendment(s) Ticient for approval.
	roved 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)
	(voting group)
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
09/18/2	015
Dated Signature	Buy Stran
selected	rector, posident or other officer—if directors or officers have not been i, by an incorporator—if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	Greg Shanabarger
	(Typed or printed name of person signing)
	President/Chief Executive Officer
	(Title of person signing)