## N1800000 [738

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATIO	Fiedler Counseling	Inc.		
N 	N18000001738		· -	
The enclosed Articles of Amo	endment and tee are subm	itted for filing.		
Please return all corresponde	nce concerning this matter	to the following:		
Annette Fiedler				
		(Name of Contact I	erson)	
Fiedler Counseling Inc.				
		(Firm/ Compar	ıy)	<del></del> -
17374 Metcalf Ave				
	•	(Address)		<del></del>
Port Charlotte FL. 33954	<b>.</b>			
· · ·		City/ State and Zip	(Code)	
afiedlercounseling@gmail.	com			
E-	mail address: (to be used	for future annual re	port notification	)
For further information conce	erning this matter, please of	eall:		
Annette Fiedler		3	941 ເ	2550616
(	Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the fo	llowing amount made pay	able to the Florida	Department of !	State:
S35 Filing Fee	■\$43.75 Filing Fee & 【 Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certifi is Certif	O Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Ac	ddress	<u>S</u> (	treet Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Fiedler Counseling Inc.					
(Name of Corporation as	s current	ly filed with the Florida Dept. of State)		• •	_
N18000001738					
(Docume)	nt Numbe	er of Corporation (if known)			_
Pursuant to the provisions of section 617,1006, Florid amendment(s) to its Articles of Incorporation:	ia Statutes	s, this Florida Not For Profit Corporation a	dopts the f	ollowir	ıg
A. If amending name, enter the new name of the co	orporatio	on:			
NA				TI	
name must be distinguishable and contain the word " "Company" or "Co." may not be used in the name.	·corporati	ion" or "incorporated" or the abbreviation	"Corp." o	The net r "Inc.	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE		NA			_
		NA		_	-
		NA			_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NA		19	_
		NA	<u> </u>	1	
		NA	20-1	ř.)	- - 
D. If amending the registered agent and/or registenew registered agent and/or the new registered				<u> </u>	- ; - 
Name of New Registered Agent:			5m	ည်	
	·A			•	-
_		(Florida street address)			-
<u>New Registered Office Address</u> :	1.0		A1A		
- N	NA				_
		(City) (Zip C	(Zip Code)		
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.			osition.		
	Siş	gnature of New Registered Agent, if changing			<del>-</del>

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 X Remove X Add	<u>V</u> <u>Mik</u>	n Doe re Jones ry Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	s 	Elizabeth Walker Leskovich	27156 Harbour Oaks Blvd.
<u>×</u> Add			Punta Gorda, FL
Remove			33983
2) Change	<u>T</u>	Jonathan Fiedler	4440 Horseshoe Ave.
Add			North Port FL
X Remove			34286
X Change	TCFO	John Fiedler	17374 Metcalf Ave.
Add			Port Charlotte FL
Remove			33954
4) X Change	PCEO	Annette Fiedler	17374 Metcalf Ave 5 5 5
Add			Port Charlotte FL
Remove			33954
5) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
6) Change			
Add			<del></del>
Remove			

E. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)
NA	
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	## N
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		07/09/2019	
	te of each amendment(s) ad	option:	, if other than the
late this	s document was signed.		
3.ee .e	NA NA		
ittectiv	re date <u>if applicable</u> :	(	<del></del> -
		(no more than 90 days after amendment file date)	
	f the date inserted in this blo nt's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date wipartment of State's records.	ll not be listed as the
\doptio	on of Amendment(s)	( <u>CHECK ONE</u> )	
The	e amendment(s) was/were ad s/were sufficient for approva	opted by the members and the number of votes cast for the amendment(s).	)
	ere are no members or membored by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were pers.	
	07/09/2019 Dated	)	
	Signature	etre heatin	
	/ have not bee	man or vice chairman of the board, president or other officer-if directors in selected by an incorporator – if in the hands of a receiver, trustee, or appointed riduciary by that fiduciary)	
	An	nette Frebler (Typed or printed name of person signing)	
		(Typed or printed name of person signing)	
	Pre	Scaler (EU (Title of person signing)	
		(Title of person signing)	2
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