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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ____ DOUGLAS LAYER, P.A P05000004853 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: TROY H. MYERS, JR. Name of Contact Person ICARD, MERRILL, CULLIS, TIMM, FUREN & GINSBURG, PA Firm/ Company 2033 MAIN ST STE 600 Address SARASOTA, FL 34237 City/ State and Zip Code TMYERS@ICARDMERRILL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TROY H. MYERS, JR. Area Code & Daytime Telephone Number 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 Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



Articles of Amendment to Articles of Incorporation of

15 SEP 28 PM 2: 53

(<u>Name (</u>	of Corporation as currently	filed with the Florida Dept. of State)
P05000004853		
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new na	ame of the corporation:	
		The new
	ation "Corp," "Inc," or "C	"," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable:		2033 MAIN ST STE 600
(Principal office address MUST BE A S		SARASOTA, FL 34237
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2033 MAIN ST STE 600
		SARASOTA, FL 34237
D. If amending the registered agent an new registered agent and/or the new	id/or registered office addr w registered office address:	ess in Florida, enter the name of the
new registered agent and/or the new	nd/or registered office addr w registered office address: TROY H. MYERS, JR.	ess in Florida, enter the name of the
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent	w registered office address: TROY H. MYERS, JR.	ess in Florida, enter the name of the
new registered agent and/or the new	w registered office address:	
	TROY H. MYERS, JR. 2033 MAIN ST STE 600	

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 <math>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) X Change	PD	DOUGLAS LAYER	2033 MAIN ST STE 600
Add			SARASOTA, FL 34237
Remove			
2) Change		-	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
Kemove			

ttach additional sheets, if necessary).	(Be specific)
	
,	
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
<u> </u>	

	9/24/2015	For was
The date of each amendment(s) adoption:		SUMME ; if other than the
date this document was signed.	·	— MAIS ाम Ga एक देवा है भूपि ने हमें
	24/2015	45.055.5
Effective date if applicable:	(no more than 90 days after amendment file date)	15 SEP 28 PH 2: 53
	(no more than 90 days after amenament fite date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amend sufficient for approval.	iment(s)
	oproved by the shareholders through voting groups. The following are each voting group entitled to vote separately on the amendment(
"The number of votes cas	at for the amendment(s) was/were sufficient for approval	
by	,"	
•,	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and sha	reholder
☐ The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareho	lder
Dated	9-21-18	
Signature	hale 1. My	
(B√a	director, president or other efficer - if directors or officers have no	ot been
	ed, by an incorporator in the hands of a receiver, trustee, or oth	ier court
appoi	inted fiduciary by that fiduciary)	
	DOUGLAS LAYER	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	