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(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: SUSC	en A Chit	wood P.A.
DOCUMENT NUMBE	r: <u>Posoc</u>	77075	3
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	•
Please return all corresp	ondence concerning this ma	tter to the following:	
_	Susar Susar	Name of Contact Person	
_		Firm/ Company	<u> </u>
_	600 Ch	Cistina Do	
_	St. Ano	City/ State and Zip Code	32086
	Homesby. E-mail address: (to be us	Sue a be 1150 sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	•
Suson	A Chitwas	d at (904	669-0750
	Contact Person		de & Daytime Telephone Number
Enclosed is a check for t	the following amount made	payable to the Florida Depa	artment 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)
<u>Mailir</u>	ng Address	Street	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

(Name of Corporation as curren	the Chith	da Dept. of State)		
	oo 127 ber of Corporation (if kn	own)	•	
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	lorida Statutes, this Floa	rida Profit Corporation add	opts the following	g amendment(s) to
A. If amending name, enter the new name of t	he corporation:			
NIA				The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	Corp," "Inc," or "Co"	". A professional corporal	rated" or the ab tion name must c	breviation contain the
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET	cable: (ADDRESS)	Nla		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	- <u>E BOX</u>) -	NIA		
D. If amending the registered agent and/or re new registered agent and/or the new regist	gistered office address ered office address:	in Florida, enter the nam	e of the	A STATE OF
Name of New Registered Agent	NIA			中二
	(Florida street	address)		主
New Registered Office Address:	·	, Florida		တဲ့
New Neglistered Office Address.	(City)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Zip Code)	5
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag		In and accept the obligation:	s of the position.	**
Signature	of New Registered Age	ent 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.

X Change	PT John Doe	
X Remove	V Mike Jones	
_X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	5V Daviel Chitwood	Low Christing Dr
Add		S.I. Augustike FL
Remove		32086
2) Change		
Add		
Remove		
3) Change		·
Add		· · · · · · · · · · · · · · · · · · ·
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
Add SV Janiel Chitwood 49 Stares Susan Chitwood will now have 51 shares.
Susan Chitwood will now have 51
shares.
•
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
• • • • • • • • • • • • • • • • • • • •

The date of each amendment(s) ad	loption: 9 1 12
Effective date if applicable:	alila
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ado by the shareholders was/were sut	pted by the shareholders. The number of votes cast for the amendment(s) flicient 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
Dated	9/13/12
Signature	Susan Chillwood
selected	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 ded fiduciary by that fiduciary)
	Susan A Chitwood
	(Typed or printed name of person signing)
	President
	(Title of person signing)