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R. WHILE

## **COVER'LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR                        | LATION: Leffler & Ass   | sociates Property  | Management, Inc.   |  |
|---------------------------------------|---|--|--|--|
| DOCUMENT NUME                         | DUEUUUUSEUU   |  |  |  |
| The enclosed Articles                 | of Amendment and fee are su   | bmitted for filing.  |  |  |
| Please return all corres              | spondence concerning this man   | tter to the following:   |  |  |
|                                       | Walter Leffler  |  |  |  |
|                                       | ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·   | Name of Contact Persor   | 1  |  |
|                                       | Leffler & Associat  | tes PM, Inc.   |  |  |
|                                       |   | Firm/ Company  | -  |  |
|                                       | 5870 Harborage  | Dr.  |  |  |
|                                       |   | Address  |  |  |
|                                       | Fort Myers, FL 33   | 3908   |  |  |
|                                       |   | City/ State and Zip Code   | e  |  |
| wal                                   | ter@lefflerandass   | ociates.com  |  |  |
|                                       | <u> </u>  | sed for future annual report                                       | notification)  |  |
| For further information               | n concerning this matter, pleas   | e call:  |  |  |
| Walter Leffler                        | r   | at (239  | 728-2596   |  |
| Name o                                | of Contact Person   | Area Co  | de & Daytime Telephone Number  |  |
| Enclosed is a check for               | r the following amount made p   | payable to the Florida Depa  | ertment 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) |  |
| · · · · · · · · · · · · · · · · · · · | Mailing Address Street Address  |  | Address  |  |
| Amendment Section                     |   | Amendment Section  |  |  |
|                                       | sion of Corporations  | Division of Corporations   |  |  |
|                                       | P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle |  |  |  |
| iana                                  | Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301          |  |  |  |

Articles of Amendment

to

|  | Articles of Incorp                       | -htion     | -                 | '!-         | U.          |                          |  |
|--|--|------------|-------------------|-------------|-------------|--------------------------|--|
|  | of                                       |            | net               | 15          | AM N        | n: 26                    |  |
| Leffler & Associates Pro   | perty Management                         | Inc.       | UCI               | 13          | חוות        | ::                       |  |
|  | currently filed with the Flori           | , , , , ,  | of Staf           | <u>e</u> )c | ir Sil      | A i li:<br>Villi) At     | _  |
| P06000028997   |  | II AE      | بتباراه           | انت ل ل     | ۰ ما ۱۰ و د | Y COM                    |  |
| (Documer   | nt Number of Corporation (if kno         | own)~      |                   |             |             | •                        | _  |
| Pursuant to the provisions of section 607. its Articles of Incorporation:  | 1006, Florida Statutes, this <i>Flor</i> | ida Profil | t Corpo           | oratio      | n adop      | ts the followi           | ng amendment(  |
| A. If amending name, enter the new na  | ame of the corporation:                  |            |                   |             |             |                          |  |
|  |  |            |                   |             |             |                          | The new  |
| name must be distinguishable and con<br>"Corp.," "Inc.," or Co.," or the design<br>word "chartered," "professional associa | nation "Corp," "Inc," or "Co"            | . A profe  | y," or<br>essiona | "inco       | poration    | ed" or the<br>n name mus | abbreviation<br>contain the  |
| B. Enter new principal office address,<br>(Principal office address <u>MUST BE A S</u>                                     |  |            |                   |             |             |                          | _  |
|  | _  |            |                   |             |             |                          | <u> </u>   |
| C. Enter new mailing address, if appli   |  |            |                   |             |             |                          |  |
| (Mailing address <u>MAY BE A POST</u>  | <u>OFFICE BOX</u> )                      |            |                   |             | <u> </u>    |                          | _  |
|  | _  |            |                   |             |             |                          | _  |
| D. If amending the registered agent an   | -<br>d/or registered office address      | in Florid  | a. ente           | r the i     | name (      | of the                   | Name of the Control o |
| new registered agent and/or the new  |  |            |                   |             |             |                          |  |
| Name of New Registered Agent   |  |            |                   |             |             |                          |  |
|  | (Florida street a                        |            |                   |             |             |                          |  |
|  | (Fiorida sireei d                        | aaressj    |                   |             |             |                          |  |
| New Registered Office Address:   | (City)                                   |            |                   | , Flor      | ida         | (Zip Code)               | _  |
|  | (0,1)                                    |            |                   |             |             | ,p 0000)                 |  |
|  |  |            |                   |             |             |                          |  |
| New Registered Agent's Signature, if c   | hanging Registered Agent:                |            |                   |             |             |                          |  |

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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 <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<br>(Check One) | Title       | <u>Name</u>    | <u>Addres</u> s          |
| 1) Change                     | <u>V</u>    | Lynn LaFlamme  | 24200 Mountain View Dr.  |
| Add                           |             |                | Bonita Springs, FL 34135 |
| Remove                        |             |                |                          |
| 2) Change                     | PT          | Walter Leffler | 5870 Harborage Dr.       |
| <b>✓</b> ∧dd                  |             |                | Fort Myers, FL 33908     |
| Remove                        |             |                |                          |
| 3) Change                     | sv          | Alice Leffler  | 5870 Harborage Dr.       |
| <b>✓</b> _Add                 |             |                | Fort Myers, FL 33908     |
| Remove                        |             |                |                          |
| $\Box$                        |             |                |                          |
| 4) Change                     | <del></del> |                |                          |
| Add                           |             |                |                          |
| Remove                        |             |                |                          |
| 5) Change                     |             |                |                          |
| Add                           |             |                |                          |
| Remove                        |             |                |                          |
|                               |             |                |                          |
| 6) Change                     |             |                |                          |
| Add                           |             |                | <del></del>              |
| Remove                        |             |                |                          |

| tach additional sheets, if necessary). | (Be specific)  |
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| in amendment provides for an exch      | hange, reclassification, or cancellation of issued shares, |
| and done for the all the state of      | endment if not contained in the amendment itself:          |
|  | enament if not contained in the amenament itself:          |
| (if not applicable, indicate N/A)      | enoment if not contained in the amendment itsen:           |
|  | enoment if not contained in the amendment itsen:           |
|  | enoment if not contained in the amendment itsen:           |
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|  | enument if not contained in the amendment itsen:           |

| The date of each amendment date this document was signed | t(s) adoption: 10/15/14   | , if other than the |
|--|---|---------------------|
| Effective date if applicable:                            | <br>10/15/14  |                     |
| Enecuve date in applicable.                              | (no more than 90 days after amendment file date)  |                     |
| Adoption of Amendment(s)                                 | ( <u>CHECK ONE</u> )  |                     |
|  | re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.  |                     |
|  | re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):  |                     |
| "The number of vote                                      | s cast for the amendment(s) was/were sufficient for approval  |                     |
| by   | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |                     |
|  | (voting group)  |                     |
| The amendment(s) was/we action was not required.         | ere adopted by the board of directors without shareholder action and shareholder  |                     |
| The amendment(s) was/we action was not required.         | ere adopted by the incorporators without shareholder action and shareholder   |                     |
| Dated_10/9   | 9/14  |                     |
| Signature _  | Lynn LaFlamme   |                     |
| (i<br>s  | By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary) |                     |
|  | Lynn LaFlamme   |                     |
|  | (Typed or printed name of person signing)   |                     |
|  | Vice President  |                     |
|  | (Title of person signing)   | _                   |