P06000084804

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: The Law Offices of	of Kevin T. Wells, P.A.	
	BER: P06000084804		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Kevin T. Wells, Esq.		
		Name of Contact Person	n .
	The Law Offices of Kevin T.	. Wells, P.A.	
		Firm/ Company	
	1800 2nd Street, Suite 808		
		Address	
	Sarasota, FL 34236		
		City/ State and Zip Cod	e
kwe	lls@kevinwellspa.com		
****	•	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Kevin T. Wells, Esq.		at (366-9191
Name	Name of Contact Person at (941) 366-9191 Area Code & Daytime Telephone Num		de & Daytime Telephone Number
Enclosed is a check f	or 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)
An Div P.C	illing Address endment Section vision of Corporations b. Box 6327 lahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

The Law Offices of Kevin T. Wells, P.A.

16 JAN -8 PH 4: 15

to

(Name of Corporati	ion as currently filed with the Florida Dept. of State)
P06000084804	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the co	orporation:
Law Offices of Wells Olah, P.A.	The new
	rd "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADI	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered	red office address in Florida, enter the name of the office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
The registered office fluid can.	(City) (Zip Code)
Non-Danistand Assett Circumstant (Calcumstant)	the state of
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	<u>Istered Agent:</u> I am familiar with and accept the obligations of the position.
	autura of Nau Pogistavad Agout if abanging
1/7/17	ιστικά οι ίναις κραικίονου Δαρνί, εί ενυνατικά

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			
Add			
Remove			
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)
Article I: Name is hereby changed to state as follows:
The name of the corporation is:
"Law Offices of Wells Olah, P.A."
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)

	12/29/2015	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
	/01/2016	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date department of State's records.	will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	داستان
by	(voting group)	5
	(voting group)	5 59
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	JAN -8 P
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	PH L: 1
1/4/2016 Dated		က နို့
Signature		
(By a	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Kevin T. Wells	
	(Typed or printed name of person signing)	
	President/Vice President/Secretary/Treasurer	
	(Title of person signing)	····