P07000/12448

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	: #)
_		_
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to f	-iling Officer:	
		į
		:
		ļ
L		

Office Use Only



900240904919

10/24/12--01014--002 **35.00

ME OCT 24 PH 3: 53

Amend

OCT 24 2012

T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

	Woodmere		, Inc.
DOCUMENT NUMBI	ER: P07000112448	3	
	f Amendment and fee are sub		
Please return all corresp	ondence concerning this matt	er to the following:	
,	W. Todd Menke		
_	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	
'	Noodmere Adviso	ory Group, Inc.	
_		Firm/ Company	
•	1515 Ringling Blv	d., STE 890	
_		Address	
3	Sarasota, FL 342	36	
		City/ State and Zip Code	
mer	nke@woodmerera	a.com	
		ed for future annual report	notification)
For further information	concerning this matter, please	e call:	
W. Todd Men	ke	₃₁ ,941	312-5996
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	ayable 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)
	ing Address		Address Iment Section
	sion of Corporations	 -	on of Corporations
	Box 6327	Clifton	Building
Talla	hassee, FL 32314		Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

海股OCT 24 PM 3:53

Woodmere Advisory Group, Inc.		SECRETARY	· J.
(Name of Corporation as currently filed with the F	Florida Dept. of State)	SECRETARY OF STATE	TE No.
P07000112448			<i>ۇ</i> ىقىلىد ۱
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation a	dopts the following amendment	(s) to
A. If amending name, enter the new name of the corporation:			
N/A		The new	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corpor "P.A."	orated" or the abbreviation	
B. Enter new principal office address, if applicable:	N/A		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)			
C. Enter new mailing address, if applicable:	N/A		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres		me of the	
Name of New Registered Agent N/A			
greene of the receipt on the re-		-	
(Florida st	treet address)		
		_	
New Registered Office Address: (City,	, Florid	a(Zip Code)	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar		ns 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 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	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PTSD	Henry Rodriguez	P.O. Box 579
Add			Osprey, FL 34229
X Remove			
2) Change	PTSD	W. Todd Menke	1515 Ringling Blvd
X Add			Suite 890
Remove		·	Sarasota, FL 34236
3) Change			
Add			
Remove			
4) Change	****		
Add			**************************************
Remove			
5) Change			
Add			
Remove			
6) Change		\	
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
/A	
	•
_	
	
	· · · · · · · · · · · · · · · · · · ·
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
1/A	
	· · · · · · · · · · · · · · · · · · ·
,	

The date of each amendment	(s) adoption: JUIY 1, 2012
Effective date <u>if applicable</u> :	August 1, 2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
☐ The amendment(s) was/wer must be separately provide	e approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):
	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	
Signature	
se	y 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 oppointed fiduciary by that fiduciary)
•	Henry Ruh gver
	(Typed of printed name of person signing)
	(Title of person signing)