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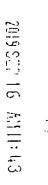
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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: JAMES M. WEAVER, PA DOCUMENT NUMBER: P07000133520 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JAMES M. WEAVER Name of Contact Person Firm/ Company 240 EAST PARK AVENUE Address LAKE WALES, FL 33853 City/ State and Zip Code sloveless@lakewaieslaw.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (863) 676-6000

Area Code & Daytime Telephone Number JAMES M. WEAVER Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations

P.O. Box 6327

Street Address
Amendment Section
Division of Corporations
Clifton Building

Articles of Amendment to Articles of Incorporation of



JAMES M. WEAVER, PA

2019 SEP 16 AH []: 43

(Name of Commention as as	
Gyaine of Corporation as en	urrently filed with the Florida Dept. of State)
P07000133520	
(Document Nun	mber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation	ion:
WEAVER LOVELESS LAW, P.A.	The new
	poration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>))
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
). If amending the registered agent and/or registered office new registered agent and/or the new registered office ac	
Name of New Registered Agent	
(Flor	rida street address)
	rida street address), Florida (City) (Zip Code)

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.

- vuke Jones, v-as keme - Example:	we, ana Sai	ty Smun, SV as an Ada.	
X Change	<u> PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VD	SHELBY L. LOVELESS	POST OFFICE BOX 466
XAdd			LAKE WALES, FL 33859-0466
Remove			
2) X Change	ST	KAREN M. WEAVER	POST OFFICE BOX 466
Add			LAKE WALES, FL 33859-0466
Remove			
3) Change		_	_
Add			
Remove			
4) Change			
Add			
Remove			
5. 01			
5) Change		-	
Add Remove			
Kemove			
6) Change		-	
Add			
Remove			

(Attach additional sheets, if necessary).	eles, enter change(s) here: (Be specific)
-	
	-
	<u> </u>
II an amendment provides for an exchar	inge, reclassification, or cancellation of issued shares,
provisions for implementing the ameno	dment if not contained in the amendment itself:
(if not applicable indicate N/ t)	
(if not applicable, indicate N/A)	

The date of each amendment(s) at date this document was signed.	loption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes east for the amendmenticient for approval.	nt(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes east i	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	oted by the board of directors without shareholder action and shareholder	lder
The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and shareholder	
DatedSignature	9.13.19 Xtf((2)	
(By a di selected	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other conditional diductory by that fiductory)	n Aurt
	AMES M. WEAVER	
-	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	