12 6000 15952

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

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION | THRELKELD | & ASSOCIATES | S, P.A. | | | |
|---------------------------------------|---|---|------------|------------|---|----|
| DOCUMENT NUMBER: | NUMBER: P12000015952 | | | | | |
| The enclosed Articles of Amen | dment and fee are su | bmitted for filing | ; . | | | |
| Please return all correspondenc | e concerning this ma | tter to the followi | ing: | | | |
| | Joel A. 7 | Threlkeld | | | | |
| | Name of Contact Person | | | | | |
| | THRELKELD & ASSOCIATES, P.A. | | | | | |
| Firm/ Company | | | | | _ | |
| | 2272 AIRPORT RD. S., STE. 101 | | | | | |
| | | Addre | ess | | | _ |
| | NAPLES, FLORIDA 34112 | | | | | |
| | City/ State and Zip Code | | | | | |
| | icel@ne | apleslegal.net | | | | |
| | nail address: (to be us | • - | ual report | noti | fication) | |
| <i>5</i> | mir managos. (10 00 m | ou for range and | umi ropori | . 11011 | | |
| For further information concern | ning this matter, pleas | se call: | | | | |
| Joel A. Threlkeld | | at (| 239 |)_ | 234 - 5034 | |
| Name of Contac | et Person | | Area Co | de & | Daytime Telephone Numb | er |
| Enclosed is a check for the following | owing amount made | payable to the Flo | orida Dep | artme | ent of State: | |
| - | 43.75 Filing Fee & ertificate of Status | Certified Co (Additional cenclosed) | ру | | \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| Mailing Address | | | Street | | | |
| Amendment | Amendment Section | | | | | |
| Division of C P.O. Box 632 | • | Division of Corporations | | | | |
| Tallahassee, | | Clifton Building 2661 Executive Center Circle | | | | |
| a westernoove, | | | | , FL 32301 | | |

Articles of Amendment to Articles of Incorporation

THREIKEID & ASSOCIATES PA

| ITRELKELD & A | 1350CIA1E3, F.A. | | |
|---|------------------------------|--------------------------|-------------|
| (Name of Corporation as curren | tly filed with the Florida D | ept. of State) | |
| P12000015952 | | | |
| (Document Number | of Corporation (if known) | | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation: | s Florida Profit Corporation | adopts the following ame | ndment(s) t |
| A. If amending name, enter the new name of the corporation: | | | |
| THRELKELD & CETRANGELO, P.A. | | The | naw |
| name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | "Co". A professional corp | rporated" or the abbrevi | |
| | | name of the | |
| New Registered Office Address: N/A | (City) | , Florida(Zip Code) | |
| New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian | | ions 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 | <u>PT</u> | John Do | <u>oe</u> | |
|-------------------------------|--------------|----------|----------------------------|-------------------------------|
| X Remove | <u>v</u> | Mike Jo | <u>nes</u> | |
| X Add | <u>sv</u> | Sally Sr | <u>nith</u> | |
| Type of Action (Check One) | <u>Title</u> | | Name | <u>Addres</u> s |
| 1) Change | v | | ANTHONY J. CETRANGELO, JR. | 2272 AIRPORT RD. S., STE. 101 |
| X Add | | | | NAPLES, FL 34112 |
| Remove | | | | |
| 2) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | _ | | |
| Add | | | | |
| Pemove | | | | |

| E. <u>If amending or adding additional Arti</u> (Attach additional sheets, if necessary). | (Be specific) |
|--|--|
| N/A | |
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| F. If an amendment provides for an exch provisions for implementing the ame | nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | |
| N/A | |
| | |
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| The date of each amendment(s) adoption: | , if other than the |
|--|---|
| date this document was signed. | |
| OCTOBER 26, 2015 Effective date if applicable: | |
| (no more than 90 days a | ter amendment file date) |
| Note: If the date inserted in this block does not meet the applicable stat document's effective date on the Department of State's records. | outory filing requirements, this date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| ☐ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval. | of votes cast for the amendment(s) |
| ☐ The amendment(s) was/were approved by the shareholders through voti must be separately provided for each voting group entitled to vote separately | |
| "The number of votes cast for the amendment(s) was/were sufficient | ent for approval |
| by | " |
| by | - |
| □ The amendment(s) was/were adopted by the board of directors without action was not required. □ The amendment(s) was/were adopted by the incorporators without share | |
| action was not required. | |
| Dated 10-23-2015 | |
| Signature Thum | 1 |
| (By a director president or other officer – if di selected, by an incorporator – if in the hands of | |
| appointed fiduciary by that fiduciary) | |
| Joel Threlk | eld |
| (Typed or printed name of | person signing) |
| President | |
| (Title of person | signing) |