## P12000087254

(Request	or's Name)
(Address)	)
(Address)	)
(City/Stat	e/Zip/Phone #)
PICK-UP	] WAIT MAIL
(Busines	s Entity Name)
·	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:

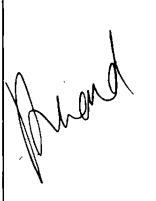




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## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Bety A. Leathers, PA  DOCUMENT NUMBER: P12000087254
DOCUMENT NUMBER: P12000087254
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Bety A. Leathers, PA.  Bety A. Leathers, PA.  Firm/ Company  2818 Apple Blosson Dr.  Address  Alva, FL 33920  City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Be Hy A. Lea Thers at (239) 677-1818  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  S43.75 Filing Fee Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment

Articles of Incorporation of

Betty A. Leathe	ers, PA.
(Name of Corporation as currently	filed with the Florida Dept. of State)
P 120000	87254
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation." "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	2818 Apple Blossom Dr Alua, FL 33920
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2818 Apple Blosson Dr Alva., FL 33920
D. If amending the registered agent and/or registered office addresses registered agent and/or the new registered office address:  Name of New Registered Agent	
<u> 2818 1700 li</u>	e Blossom Dr.
New Registered Office Address: Alva	., Florida 33920 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.
Signature of New Reg	gistered 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 Doe			
X Remove	<u>V</u>	Mike Jone	<u>s</u>		
X Add	<u>sv</u>	Sally Smit	<u>lı</u>	× ( A	
Type of Action (Check One)	<u>Title</u>	<u>N</u>	lame	NA	Address
1) Change			_		
Add					
Remove					
2) Change					
Add					
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4) Change		<u> </u>			
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Remove					
5) Change					
Add					
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6) Change					
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an amendment provides for an	exchange, reclassificat	ion, or cancellation	of issued shares,	
rovisions for implementing the	<u>eamendment if not cont</u>	ained in the amend	ment i <u>tself:</u>	
(if not applicable, indicate N				
	NA			
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	The date of each amendment(s) adoption: November 1, 2018 , if other than the date this document was signed.
	Effective date if applicable: November 1, 3018  (no more than 90 days after amendment file date)
	Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
	Adoption of Amendment(s) (CHECK ONE)
C	The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
	☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
	"The number of votes cast for the amendment(s) was/were sufficient for approval
	by
	☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
	☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
	Dated November 1, 2018
	Signature Detter & Leathers
	(By a director, president or other officer - if directors or officers have not been
	selected, by an incorporator - if in the hands of a receiver, trustee, or other court
	appointed fiduciary by that fiduciary)
	Be Hy A. Lea thers (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President'
	(Title of person signing)