P1300006983

	questor's Name)	
(Re	equestors mame)	
(Ad	dress)	
DA)	dress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	MAIT	MAIL.
	_	
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





400318994674

09/26/18--01009--026 **35.00

2018 SEP 26 AM II: 47 SECRETARY OF STATE

C. GOLDEN SEP 2 7 2018

COVER LETTER

TO: Amendment Section Division of Corporations

.

NAME OF CORPOR	ATION: Ariane DeWitt PA	\	
DOCUMENT NUMB	ER: P13000006923	. .	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Ariane Wolgamott		
		Name of Contact Perso	en .
		Firm/ Company	
	29180 Camas Ln		
•	Big Pine Key FL 33043	Address	
		City/ State and Zip Coo	de
wolga	mottariane@gmail.com		
		sed for future annual repor	t notification)
For further information	concerning this matter, pleas	se call:	
Ariane Wolgamott		305 at (849-5847
Name o	f Contact Person		ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:
■ \$35 Filing Fee	S43.75 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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amen Divisi Cliftor 2661 I	Address dment Section on of Corporations n Building Executive Center Circle assee, FL 32301

Articles of Amendment Articles of Incorporation of

FILED

Ariane DeWitt PA

2018 SEP 26 AM 11: 47

(Name of Corporation as currently filed with the Florida Dept. of State) RETARY OF STATE TALLAHASSEE, FL P13000006923 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Ariane Wolgamott PA name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: . Florida (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations 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: XChange	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<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 (Attach additi	or adding additional a ional sheets, if necessar	Articles, enter change y). (Be specific)	(s) here:		
N/A	·				
	-				
· - ·					
					
		_			- .
					<u>.</u>
					_
		 			
_					
·					
provisions f	ment provides for an e for implementing the a	mendment if not cont	ion, or cancellation tained in the amend	of issued shares, ment itself:	
	pplicable, indicate N/A)			
N/A		· <u> </u>			.
				· -	
					

The date of each amendment(s) adop	ption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blod document's effective date on the Depa	ck does not meet the applicable statutory filing requirements, this date rtment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONF</u>)	
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statement ich voting group entitled to vote separately on the amendment(s):	t
"The number of votes cast for	r the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
09/24/2018		
Dated	// (we)	
(By a dire selected,	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court I fiduciary by that fiduciary)	
A	riane Wolgamott	
_	(Typed or printed name of person signing)	
Pl	RESIDENT	
_	(Title of person signing)	