# P130000019

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	1
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13 MAY 28 AN IO:
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#### **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: JAMES MICHAEL WESTOFF PLAYMAKERS, INC DOCUMENT NUMBER: P13000040619

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES WESTHOFF

Name of Contact Person

JAMES MICHAEL WESTHOFF PLAYMAKERS, INC

Firm/ Company

16102 EDGEMONT DRIVE

Address

FORT MYERS FL 33908

City/ State and Zip Code

MELISSAH@DIROCCOCPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person at (516) 782-2498

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

**Mailing Address** 

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SIGN

### **Articles of Amendment** Articles of Incorporation

FILED

## JAMES MICHAEL WESTOFF PLAYMAKERS, INC

13 MAY 28 AM 10:08

(Zip Code)

(Name of Corporation as	currently filed with the Florida Dept. of State)	ß:
P13000040619		
(Documer	t Number of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amenda	nent(s) to
A. If amending name, enter the new na	me of the corporation:	
JAMES MICHAEL WEST	HOFF PLAYMAKERS, INC	γw.
	f applicable:	
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST (</u>		
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent	d/or registered office address in Florida, enter the name of the registered office address:  JAMES M WESTHOFF	
	16102 EDGEMONT DRIVE	

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

SIGNHE

(Florida street address)

(City)

# 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.

X Change	PT Jo	ohn Doe		
X Remove	<u>V</u> <u>M</u>	Mike Jones		
X Add	<u>SV</u> <u>Sa</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) X Change	PT	JAMES M WESTHOFF	16102 EDGEMONT DRIVE	
Add			FORT MYERS	
Remove			FL33908	
2) Change	· · · · · · · · · · · · · · · · · · ·			
Add				
Remove				
3 ) Change			<del></del>	
Add				
Remove				
4) Change	<del></del>	·		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
TYPED THE CORPORATION NAME INCORRECTLY. MISSED A
"H" IN THE CORPORATE AND OFFICERS NAME.
· · · · · · · · · · · · · · · · · · ·
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

a		M	ľ
œ.	ч	N	Ш

The date of each amendment(s) adoption: 05/07/2013		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
	ed by the shareholders through voting groups. The following statement is voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the	he amendment(s) was/were sufficient for approval	
by	~	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
■ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
Dated 05/07/201	13	
Signature	lelle a line	
selected, by	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)	
$\overline{\mathcal{L}}$	(Typed or printed name of person signing)	
	(Title of person signing)	