## P14000086324

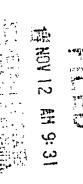
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: THE WEST TEAM, P.A. DOCUMENT NUMBER: P14000086324 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ANTHONY MAZER Name of Contact Person MAZER & ASSOCIATES, L.L.C. Firm/ Company 7284 W PALMETTO PARK ROAD, SUITE 307 Address BOCA RATON, FL 33433 City/ State and Zip Code thewestteam@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Anthony Mazer 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 Street Address** Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

	<u> </u>	
	y filed with the Florida Dept. of State)	
THE WEST TEAM, P.A.		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this <i>Florida Profit Corporatio</i>	n adopts the following amendment(s)
A. If amending name, enter the new name of the	corporation:	15
KEVIN N. WEST, P.A.	<del></del>	The news
name must he distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or to	orp," "Inc," or "Co". A professional corp	
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A)	ble: DDRESS )	
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE I</u>	BOX)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered.		name of the
Name of New Registered Agent		
	(Florida street address)	<u> </u>
New Registered Office Address:	, Flor	rida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	t. I am familiar with and accept the obliga	tions 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 Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<del></del>		
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			<del></del>
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here:  Attach additional sheets, if necessary). (Be specific)
f 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)

The date of each amendment	, if other than the	
date this document was signed		
Effective date if applicable:	Effective date if applicable. October 20, 2014	
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ad 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	"	
	(voting group)	
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
David Nove	ember 4, 2014	
Signature	Levin (1)	
(B	y a director, president or other officer—if directors or officers have not been lected, by an incorporator—if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	Kevin N West	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	<del></del>