P17000063382

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ANDRE	W G. LEVITT DPM, PA
DOCUMENT NUMBER: P1700006333	82
The enclosed Articles of Amendment and	
Please return all correspondence concerni	ing this matter to the following:
LISA ZAHORIAN	ı
	Name of Contact Person
TAX & FINANCI	AL STRATEGISTS LLC
	Firm/ Company
28089 VANDERE	SILT DR., SUITE 201
	Address
BONITA SPRING	S, FL 34134
	City/ State and Zip Code
LISA@WONDERTAX.	СОМ
E-mail addres	ss: (to be used for future annual report notification)
For further information concerning this m	natter, please call:
LISA ZAHORIAN	at (239) 405-8395 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	ount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Certificate of	
Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)

s i r	
, Autialan af	f Amendment
	to By
	Incorporation of
NDREW G. LEVITT DPM, PA	to Incorporation of ently filed with the Florida Dept. of State
(Name of Corporation as curre	ently filed with the Florida Dept. of State)
17000063382	·
(Document Number	er of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment
. If amending name, enter the new name of the corporation:	
	The ne
ame must be distinguishable and contain the word "corporal Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ord "chartered," "professional association," or the abbreviation	r "Co". A professional corporation name must contain ti
. Enter new principal office address, if applicable:	3319 CYPRESS LEGENDS CIR., #733
Principal office address <u>MUST BE A STREET ADDRESS</u>)	FORT MYERS, FL 33905
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3319 CYPRESS LEGENDS CIR., #733
	FORT MYERS, FL 33905
 If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address. 	ddress in Florida, enter the name of the ess:
. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address	'ess:
new registered agent and/or the new registered office addre	'ess:
Name of New Registered Agent	'ess:
Name of New Registered Agent	ress:

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 <math>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		_	
Add			M
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			Andrew of Marie 1
Remove			
5) Change			
Add			
Remove			
6) Change			-
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
				
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	100 To 100		1000000	
f an amendment provides for an excl provisions for implementing the ame	nange, reclassification and ment if not contain	, or cancellation of is led in the amendmen	sued shares, t itself:	
(if not applicable, indicate N/A)				
			· · · · · · · · · · · · · · · · · · ·	
				·······
			<u>.</u>	

The date of each amendment(s) a date this document was signed.	idoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	*	
	(voting group)	
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required. JULY 27,	opted by the incorporators without shareholder action and shareholder	
Dated	Aren Levett	
solect	director, president of other officer - if directors or officers have not been ed, by an incorporator - if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	ANDREW G. LEVITT	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	