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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE ALLAHASSEE, ELORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	YA WALTZ,	P.A.		
DOCUMENT NUMBER:	177 - 			78-1-3001-
The enclosed Articles of Amendment a	nd fee are sul	omitted for fili	ກg.	
Please return all correspondence concer	ming this mat	ter to the follo	wing:	
OLESYA WALT	Z			
OLESYA WALI	Z.P.A.	Name of Co	ontact Persor	1
163 PALM RIVI	ER BLVD	Firm/ (Company	
NAPLES, FL 34	110	Ad	dress	
		City/ State:	and Zip Code	
OWALTZI1@GMAII	COM			
E-mail addr	ess: (to be us	ed for future a	nnual report	notification)
For further information concerning this	matter, please	e call:		
OLESYA WALTZ		at (239	297-2960
Name of Contact Person	1	Area Code & Daytime Telephone Number		
Enclosed is a check for the following ar	nount made p	ayable to the	Florida Depa	rtment of State:
S35 Filing Fee		□S43.75 Fit Certified ((Additional enclosed)	Copy Loopy is	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231			Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

	111	
Articles of	Inco	rporation
	of	\sim

Ole:	sva Uhltz	> , P. A.		
(<u>Name</u>) P18000061177	of Corporation as currently	filed with the Florida Dep	ot. of State)	-
	(Document Number of	Corporation (if known)	=	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation a	idopts the following	amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	26". A professional corpor	porated" or the abl	breviation
B. Enter new principal office address, (Principal office address MUST BE A S				
(Mailing address MAY BE A POST) D. If amending the registered agent an new registered agent and/or the new	<u>id/or_registered office addre</u>	ess in Florida, enter the na	me of the	
	OLESYA WALTZ			
Name of New Registered Agent	163 PALM RIVER BLVD			
	(Florida stre	at addrau 1		
New Registered Office Address:	NAPLES	dairessy	34110 _, Florida	
to the state of th	(City)	(Zip Ca	ode)
New Registered Agent's Signature, if continued the hereby accept the appointment as regist		ith and accept the obligation	2010 AUG	FIL
	Olenpe 1 Signature of New Re	veet	7 7 7 7 7 7 7 7 7 7	ILED
	Signature of New Ke	gisierea Ageni Aj changing	P H	

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:		uy Smun, Sv as an Aaa.	
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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
X 1) Change	Р	OLESYA WALTZ	163 PALM RIVER BLVD
Add			NAPLES, FL 34110
Add			
Kemove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additiona</i>	dding additional Articles, en sheets, if necessary). (Be sp	ovcific)		
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fan amandman	provider for an evaluate of	unlawification on same	Hatiam of issued aboves	
nrovicione for i	provides for an exchange, re applementing the amendment	if not contained in the	mation of issued shares,	
(if not appli	able, indicate N/A)	ir nor contained in the	amenument usen.	
(y ma tqqan	more, marcune many			
				.
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	t(s) adoption:	, if other than the
date this document was signed	- 7/25/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/weby the shareholders was/was	re adopted by the shareholders. The number of votes cast for the amend ere sufficient for approval.	ment(s)
	re approved by the shareholders through voting groups. The following sed for each voting group entitled to vote separately on the amendment(s	
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shar	eholder
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	der
Dated	7-31-18	
Signature	7-31-18 Olinger Well	
(F	By a director, president or other officer – if directors or officers have not elected, by an incorporator – if in the hands of a receiver, trustee, or othe ppointed fiduciary by that fiduciary)	been er court
	OLESYA WALITZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	