## Florida Department of State

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN WTR & ASSOCIATES, INC.

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## **COVER LETTER**

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TO: Amendment Section

Division of Corporations NAME OF CORPORATION: WTR & Associates, Inc. DOCUMENT NUMBER: P21000001844 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following. Sharon Roth Name of Contact Person WTR & Associates, Inc. Firm/ Company 14903 Bellezza Lane Address Naples, Florida 34110 City/ State and Zip Code sroth@walkertruesdell.com E-mail address. (to be used for future annual report notification) For further information concerning this matter, please call. Sharon Roth Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State. □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee S35 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

2,2,2021 10111100 111 11102 0,000 1,000

Articles of Amendment to Articles of Incorporation of

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WTR & Associates, Inc.

WINCE Associates, Inc.	
(Name of Corporation as c	urrently filed with the Florida Dept. of State)
P21000001844	
(Document Nu	mber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the corporat	tion:
Walker, Truesdell, Roth & Associates, Inc.	The new
	ion," "company," or "incorporated" or the abbreviation "Corp.," Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	N/A )
<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a	
Name of New Registered Agent N/A	
(Fig.	orida street address)
New Registered Office Address: N/A	, Florida
New Accisated Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:
I hereby accept the appointment as registered agent. I am fa	
Signature of	New Registered Agent, if changing
Check if applicable  The amendment(s) is/are being filed pursuant to s. 607.012	20 (11) (e), F.S.

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V - Vice I Executive Officer; CFO = President, Treasurer, Dire Changes should be noted	and/or D if necess ector titl resident Chief Fi ector wo in the fo ves the c	ary) e by the first letter of the office title: ; T = Treasurer; S = Secretary; D = Director; TR = Tri nancial Officer. If an officer/director holds more than uld be PTD. llowing manner. Currently John Doe is listed as the P. orporation, Sally Smith is named the V and S. These sh	ustee; C - Chairman or Clerk; CEO - Cone title, list the first letter of each office in ST and Mike Jones is listed as the V. The
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>	Address
1) N/A Change		···	
Add			
Remove			
2) Change			
Add			
Remove 3) Remove	<u></u>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change			
Add			
Remove			

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nding or adding additional Articles, enter change(s) here.	
(Attach additional sheets, if necessary). (Be specific)	
N/A	
	<u> </u>
F. If an amendment provides for an exchange, reclassification, or cancellation of issued sl provisions for implementing the amendment if not contained in the amendment itself:	nares,
(if not applicable, indicate N/A)	•
N/A	
	<del> </del>
	1

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The date of each amendment(s)	adoption:	if other than the
	ate of Filing	
Effective dute if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this Department of State's records.	data will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amondment(s) was/were a action was not required.	adopted by the incorporators, or board of directors without shareholder of	netion and abareholder
The amendment(s) was/were in the shareholders was/were.	adopted by the shareholders. The number of votes east for the amendmentflatent for approval.	em(s)
must be separately provided;	approved by the shateloiders through voting groups. The following sic for each voting group entitled to vote separately on the amendment(s):	stement
	ant for the amendment(s) was/went sufficient for approval	
19	(voting group)	
1/29/21		
selv	a director, president or other officer - if directors or officers have not cted, by an incorporator - if in the hands of a receiver, trustice, or other officers fulnciary by that fulnesary;	been moourt
	Sharm Roth	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	