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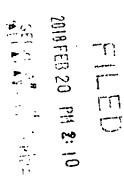
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COVER LETTER

TO: Amendment Section
Division of Corporations

. .___.

NAME OF CORPORATION: Wotit	zky, Wotitzky, Ross & McKinley, F
POCUMENT NUMBER: 19502	00060636
The enclosed Articles of Amendment and fee are st	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Wa	irren Ross
Wotitzky, W	Name of Contact Person Notitzky Ross & McKinley, P.A. Firm Company Fron Ave., Unit 111
- Punta	Gorda FZ 33950 City/ State and Zip Code
	M. ross @ wotitzky/aw.com used for future annual report notification)
For further information concerning this matter, plea	ase call:
Warren Ross	at (941) 639-2171 Area Code & Daytime Telephone Number
Name of Contact Person	
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
S35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 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

Articles of Amendment to Articles of Incorporation of

Wotitzky, Wotitzky, K	Ross & McKinley, P.A.
(Name of Corporation as current	tly filed with the Florida Dept of State)
P95060	060636
	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: World X Wo hitz Ky Koss, name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	2018 FEB 20
D. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office addres	<u>s:</u> 5
Name of New Registered AgentN[H]	<u> </u>
(Florida st	treet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent.—I am jamiliar	<u>t:</u> with and accept the obligations of the position.
Signature of New 1	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	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change	D	Cheyenne P. Young	1107 W. Marion Ave. Unit 111 Rusta Gorda, 123395
Add		,	Unit 111
Remove			rlutabjorda, 123393
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter chi (Attach additional sheets, if necessary). (Be specific)	ange(s) nere:
NIA	
· · · · · · · · · · · · · · · · · · ·	
	
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	.
. If an amendment provides for an exchange, reglassi	ification, or cancellation of issued shares.
provisions for implementing the amendment if not (if not applicable, indicate N/A)	contained in the amendment itself:
HIA	
11111	

The date of each amendment(s) adoption:	N/A	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	NIA	
(r.	to more than 90 days after amendment file date)	
Note: If the date inserted in this block does not a document's effective date on the Department of Sta	meet the applicable statutory filing requirements, this ite's records.	date will not be listed as the
Adoption of Amendment(s) (CHEC	EK ONE)	
The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for appr	reholders. The number of votes east for the amendmentoval.	ıt(s)
	careholders through voting groups. The following state oup entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the amendm	nent(s) was/were sufficient for approval	
by(voting		
(voting	group)	
☐ The amendment(s) was/were adopted by the boa action was not required.	ard of directors without shareholder action and shareho	dder
	orporators without shareholder action and shareholder	
action was not required.		
$\mathcal{L}(6)$		
Signature A		
(By a director, presider	nt or other officer – if directors or officers have not be orator – if in the hands of a receiver, trustee, or other or that fiduciary)	
	Warren Ross	
(Ту	ped or printed name of person signing)	
	VD	
	(Title of person signing)	