## P97000057995

(Ře	equestor's Name)	
(Ad	idress)	<del> </del>
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(Cir	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number	)
Certified Copies	_ Certificate	s of Status
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: LINDA A. WESTERFE	R, P.A.			
DOCUMENT NUMBER: P97000057995				
The enclosed Articles of Amendment and fee are submitted	d for filing.			
Please return all correspondence concerning this matter to	the following:			
LINDA A. WESTERFER				
Na	me of Contact Person			
LINDA A. WESTERFER, P.A.				
	Firm/ Company			
720 GOODLETTE RD N. STE 203	3			
	Address			
NAPLES, FL 34102				
Cit	y/ State and Zip Code			
Linda@LAWestCPA.com				
E-mail address: (to be used for	future annual report notification)			
For further information concerning this matter, please call:				
LINDA A. WESTERFER	at (239 ) 643-3554  Area Code & Daytime Telephone Number			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
Certificate of Status C (A	43.75 Filing Fee & S52.50 Filing Fee ertified Copy dditional copy is nclosed)			
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

FILED SECRETARY OF STATE DIVISION OF CORPUSATIONS

15 OCT -5 AM 7: 41

(Name of Corporation	as currently filed with the Florida Dept. of State)
P97000057995	
(Documer	t Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corp	oration:
LINDA A. WESTERFER, C.P.A., P.A.	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR.	<u>ESSS</u> )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
manning and cost of the second	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
<del></del>	(Florida street address)
New Registered Office Address:	. Florida
<u></u>	(City) (Zip Code)
<u>New Registered Office Address:</u>	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	ered Agent: m familiar with and accept the obligations of the position.

## 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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	•	<del></del>		
Add				,
Remove				
2) Change		_		
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lf on owner descent many idea for our custom			. <b></b>	
f an amendment provides for an exchan provisions for implementing the amenda	ent if not contained	in the amendment it	self:	
(if not applicable, indicate N/A)				
			<del></del>	
· · · · · · · · · · · · · · · · · · ·	<del></del>			
	<del></del>		<del></del>	
				-

	SEPTEMBER 25, 2015	Etc. ma
The date of each amendment		cross life other than the
date this document was signed		UIVISION OF COMPCICATIONS
Effective date if applicable:	SEPTEMBER 25, 2015	15.00* -
<u>i appientie</u> .	(no more than 90 days after amendment file date)	15 OCT -5 AM 7:41
	this block does not meet the applicable statutory filing requirements, the Department of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendrere sufficient for approval.	ment(s)
	re approved by the shareholders through voting groups. The following stands for each voting group entitled to vote separately on the amendment(s)	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	p.	
- · · · · · · · · · · · · · · · · · · ·	(voting group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and share	cholder
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and sharehold	ler
Dated	9/25/2015	
SC	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 other oppointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	Xinda J. Westerfor, Presiden	1
	(Title of person signing)	