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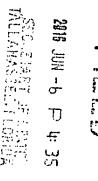
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: WALTERS LEVI	NE KLINGENSMITH & TH	HOMISON, P.A.		
DOCUMENT NUMI	BER:				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	Robin Tosch, Administrator				
		Name of Contact Person			
	Walters Levine Klingensmith & Thomison, P.A.				
		Firm/ Company			
	1819 Main Street, Suite 1110)			
	Address				
	Sarasota, FL 34236				
		City/ State and Zip Code			
rtoscl	n@walterslevine.com				
	-	sed for future annual report r	notification)		
		·	,		
For further information	n concerning this matter, pleas	se call:			
Robin Tosch		at (941			
Name of Contact Person		Area Cod	le & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depar	tment of State:		
☐ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Divisior Clifton I 2661 Ex	Address nent Section n of Corporations Building secutive Center Circle ssee, FL 32301		

Articles of Amendment Articles of Incorporation of

WALTERS LEVINE KLINGENSMITH & THOMISON, P.A.
(Name of Corporation as currently filed with the Florida Dept. of State)
P97000082242
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
WALTERS LEVINE, P.A. The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent
(Florida street address)
New Registered Office Address:, Florida
(City) (ZDCode)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
The formation of the first terms
Signature of New 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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes enes	
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		_		
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change		_		
Remove				
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4) Change Add		_		
Remove				
Kemove				<u> </u>
5) Change		_	·	
Remove				
6) Change				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) addate this document was signed.	option:	, if other than th
_		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date vartment of State's records.	vill not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes east f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	ted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adoptaction was not required.	ted by the incorporators without shareholder action and shareholder	
Dated	02-16	
selected appointe	ector, president or other officer – if directors or officers have not been by an incorporator – if in the bands of a receiver, trustee, or other court d fiduciary by that fiduciary) STUART JAY LEVINE	
-	(Typed or printed name of person signing)	
	Vice President	
-	(Title of person signing)	