## P98000 106631

(Re	equestor's Name)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

. .

NAME OF CORPORATION:	Weinkle & Asso	ociates Financial Ser	rvices, I	nc.
DOCUMENT NUMBER:	P98000106631			
The enclosed Articles of Amend	ment and fee are su	bmitted for filing.		
Please return all correspondence			;	
Alan W	einkle			
		Name of Contac	t Person	
		Firm/ Comp		<del></del>
6229 N	W 34th Drive	i iiiiii Comp	,uity	
		Address	;	
Gaines	rille, FL 32653	City/ State and Z	in Code	
مارين والمراجعة المراجعة	Guanaial axus	City/ State and 2	Jip Cour	•
· ·	efinancial.com ail address: (to be us	sed for future annua	l report	notification)
For further information concerni	ng this matter, pleas		52	665-8230
Name of Contact	Darcon	at (		)
Enclosed is a check for the follo				,
	3.75 Filing Fee & rtificate of Status	□\$43.75 Filing I Certified Copy (Additional copenclosed)	•	☐\$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			Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle ussee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Weinkle & Associates Financial Services Inc.

	Corporation as curre	ently filed with the Flo	<u>rida Dept. of Sta</u>	<u>te</u> )		
P98000106631						
	(Document Number	r of Corporation (if kno	own)			_
Pursuant to the provisions of section 607.10 ts Articles of Incorporation:	06, Florida Statutes, tl	nis <i>Florida Profit Corp</i>	oration adopts the	: followi	ing amei	ndment(s)
A. If amending name, enter the new nam	e of the corporation:					
N/A					•	
ame must be distinguishable and contai "Corp.," "Inc.," or Co.," or the designati ord "chartered," "professional associatio	ion "Corp," "Inc," o	r "Co". A professiono	"incorporated" al corporation na	or the me musi	ahbrevi.	new ation n the
Enter new principal office address, if	applicable:	N/A				
Principal office address <u>MUST BE A STR</u>		<del></del>	<del></del>	57.7	701	
				<u>;:</u>	<del>-</del> -€	
				:. <u>`</u>	<u>~</u> ;	
. Enter new mailing address, if applica	hle:				7.	* : *
(Mailing address MAY BE A POST OF		N/A			Pμ	<u>.</u> .
				÷ .	<del></del>	
			-	1	<del>- ⇔</del> -	_
		<del></del>				_
. If amending the registered agent and/e	or registered office ac	ldress in Florida, ente	r the name of the			
new registered agent and/or the new r	egistered office addre	<u> 288:</u>				
Name of New Registered Agent	/A					
					_	
_	(Florida .	street address)			_	
New Registered Office Address:	'A		El			
New Registered Office Address.		(City)	, Florida	(Zip	Code)	_
				,		
w Registered Agent's Signature, if chan	ging Registered Agei	<u>ıt:</u>				
ereby accept the appointment as registered	d agent. I am familia.	r with and accept the ol	bligations of the p	osition.		

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: XChange	<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
1) Change	VTD	Anita Busch	7737 NW 20th Ave
Add			Gainesville, FL 32609
X Remove			
2) Change	VTD	Christina Weinkle	5200 NW 43rd St, #102-330
X Add			Gainesville, FL 32606
Remove			
3 ) Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change	_		
Add			
Remove			
6) Change			
Add			
Remove			

		neets, if necessary,		•			
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<u>Lana</u> provi	imendment pi isions for imp	rovides for an exc lementing the am	change, reclass	ification, or car	cellation of iss	ued shares,	
(,	if not applicab	le, indicate N/A)	enginene ii no	<u>Contained in ti</u>	ie amenumem	itseii:	
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The date of each amendment(s) adoption: _ date this document was signed.	October 1, 2019	, if other than the
_		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department of	s not meet the applicable statutory filing requirements, this date of State's records.	will not be listed as the
Adoption of Amendment(s) (C	CHECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient fo	ne shareholders. The number of votes cast for the amendment(s) or approval.	
	the shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):	1
"The number of votes cast for the am	nendment(s) was/were sufficient for approval	
by(v	voting group)	
The amendment(s) was/were adopted by the action was not required.	ne board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the action was not required.	ne incorporators without shareholder action and shareholder	
10/3/2019 Dated		
	lesident or other officer – if directors or officers have not been	
	corporator – if in the hands of a receiver, trustee, or other court my by that fiduciary)	
Alan W	'einkle	
<del></del>	(Typed or printed name of person signing)	<del></del>
Presider	nt	
<del></del>	(Title of person signing)	