## L20000249389

(Requestor's Name)	
(Address)	_
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(City/State/Zip/Phone #)	<del></del> -
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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7.15. 9-1-2020	

Office Use Only



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T. BURCH SEP - 1 2023

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FINANCE Reformed					
DOCUMENT NUMBER: 1_0000 249 389					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Crystal Hines Name of Contact Person					
Firm' Company					
P.O. Box 2441  Address					
$\frac{\text{Address}}{\text{City/ State and Zip Code}}$					
Crystal & finance returned. Com Email address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Crystal Hines at (1772) -118 115  Name of Contact Person at (1772) Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 Filing Fee					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, Fl. 323142415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

of

Finance Returned LL		
· · · · · · · · · · · · · · · · · · ·	v filed with the Florida Dept. of State	(1)
L20000:249:387		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this attacks of Incorporation:	Florida Profit Corporation adopts the	following amendment(s
A. If amending name, enter the new name of the corporation:		
	NIA	The new
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	professional corporation name mus	breviation "Corp.,"
B. Enter new principal office address, if applicable:	NIA-	
(Principal office address MUST BE A STREET ADDRESS)		7. 23
		- <u>ES-33</u> -
		_桑剂 _耸 TI
C. Enter new mailing address, if applicable:		ASS 2
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
		<u>- 음류 - 또</u>
D. If amending the registered agent and/or registered office addr	ress in Florida, enter the name of the	⊅
new registered agent and/or the new registered office address		
Name of New Registered Agent	11A	
tFlorida str.	eet addressi	
New Registered Office Address:	, Florida (Cav)	ežto Cade)
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent. I am familiar v	with and accept the obligations of the p	osition.
Signature of New R.	egistered Agent, if changing	<del></del>
Signature of Sen IN	egurers a rigarit y eminging	
Theck if applicable	p.c	
I The amendment(s) is/are being filed pursuant to s. $607.0120 (11) 0$	te), F.S	

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)

Example:

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.

<u>X</u> Change	PT John	Doe	
X Remove	У <u>Mike</u>	Jones	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Khange	<u>CEC</u>	Cry ted Hines	12 C. Bux 2491
Add			Loganville, GA 30052
Remove			
2) Change		A1.03.20	
Add			
Remove 3.1 Change	<del></del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

	onal sheets, if i	necessary).	(Be specific	:)				
	NIA							
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rovicions fr	r implement	ing the amen	dment if n	at container	in the amend	dment itself:	11 (3)	
(if not at	pplicable, indi	care NZA)	<u> </u>					
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The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval  by	2020 SE
by" AIC" AIC" AIC" SSS	
Dated 9 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	PHI2:
Signature  (By a director, president or other othicer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	<u> 5</u>
Crystak + Inc	
(Title of person signing)	