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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: _	PASSARO A	217 FINA	NCIAL SUCS	crost, INC
DOCUMENT NUMBER:	po 5000	0076232		<u> </u>
The enclosed Articles of Amendm	ent and fee are submitted	for filing.		
Please return all correspondence c	oncerning this matter to th	e following:		
	<b>A</b>	- · · · · · · · · · · · · · · · · · · ·		
	<u>ዛ ለ (ፕ</u> Nam	e of Contact Person	fro	
	PASSA	do 150	Document	Sect
	<u></u>	Firm/ Company	DOCUMENT	<u></u>
	TAMP.	A, FL s	3682	
	City/	State and Zip Code		
	064666	7500.	mail	
E-mail	hddress: (to be used for f	uture annual report no	otification)	_
For further information concerning	this matter, please call:			
/	) A =	919		2.4
Name of Contact P	erson	at ( <u><b>δ ( )</b></u> Area Code	2 Prytime Telephone	Yumber
				(dimer
Enclosed is a check for the follow	ng amount made payable	to the Florida Depart	ment of State:	
S35 Filling Fee S43. Certi	75 Filing Fee & □\$43	.75 Filing Fee &	□\$52.50 Filing Fee	
Certi	ficate of Status Cer	tified Copy	Certificate of Status	
	(Ade	ditional copy is	Certified Copy	
:	enc	10800)	is enclosed)	
a.			crickwetty	
Mailing Addres	<u>s</u>	Street A		
Amendment Sec	tion		ent Section	
Division of Corp P.O. Box 6327	orations		of Corporations	
Tallandssee, FL	3231.1	Clifton B	unding cutive Center Circle	
Tananasce, PL	(L.) 17		see, FL 32301	
		1 411 141 141,7.1	the way is the article to	

## ANGELA PASSARO POST OFFICE BOX 82366 TAMPA, FLORIDA 33682

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS AMENDMENT SECTION POST OFFICE BOX 6327 TALLAHASSEE, FLORIDA 32314

RE: New Vision Organization, Inc.
Passaro Reid Financial Services Group, Inc.

I am abandoning efforts to register New Vision Organization to do business in Florida. Enclosed is letter number 017A00014648.

Also, enclosed is my Articles of Amendment form, changing the name of Passaro Reid Financial Services Group to Passaro Reid Document Services, Inc.

Please apply the required amount (\$43.75) of the \$78.75, that is already deposited, to filing the Articles of Amendment.

Please send me a refund for the excess of \$78.75 over \$43.75.

Thank you,

Sincerely,

Ange a Passore

EI34545707

Enclosures



July 19, 2017

ANGELA PASSARO PO BOX 82366 TAMPA, FL 33682

SUBJECT: NEW VISION ORGANIZATION, INC.

Ref. Number: W17000059748

We have received your document for NEW VISION ORGANIZATION, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$622.50.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please list the complete principal office address.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 017A00014648

www.sunbiz.org

## Articles of Amendment to Articles of Incorporation

Alo LEID FINANCIAL S	ERVICES (1 K.
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PASSALO LET D (Name of Corporation	FIJANCIAL S	Sevices with the Florida De	ept. of State)		<u> </u>
P0500	oo 7625 ent Number of Corpo	2			
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida	Profit Corporation	adopts the follow	ving amer	ndment(s) to
A. If amending name, enter the new name of the cor	rporation:				
PASSARO REID De name must be distinguishable and contain the word		SERVICE	t T	The	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the a.  B. Enter new principal office address, if applicable:	" "Inc," or "Co". 7 abbreviation "P.A."	ompany," or "incor A professional corpo	porated" or the oration name mu	abbrevio st contain	ation n the
(Principal office address MUST BE A STREET ADDI			V		<del></del>
	<del></del>			2017	
				AU6	
C. Enter new mailing address, if applicable:			ξ.	ယ်	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		<u></u>	7.5	<u></u>
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			ス: :::::::::::::::::::::::::::::::::::	20	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		lorida, enter the n	ame of the		
·	ance address.				
Name of New Registered Agent					
	(Florida street addre	'88')			
New Registered Office Address:		1	, Florida		
	(City)		(2.	ip Code)	
New Registered Agent's Signature, if changing Regis	stered Agent:				
I hereby accept the appointment as registered agent. I	am familiar with and	accept the obligation	ons of the position	ч.	

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.

Mike Jones, V as Remove Example:	e, and Sai	lly Smith, S	V as an Add.			NA	
X Change	<u>PT</u>	John Doe	<u>:</u>		N ot	APO	PLICABLE
X Remove	<u>V</u>	Mike Jon	<u>ies</u>		μo	r (max	NITES
X Add	<u>SV</u>	Sally Sm	<u>ith</u>		μo	Colm	×7
Type of Action (Check One)	<u>Title</u>	:	<u>Name</u>			<u>Addres</u> s	7
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	nal sheets, if necessary). (Be specific)	
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f an amend <u>m</u>	ent provides for an exchange, reclassification, or cancellation of issued shares.	
provisions fo	implementing the amendment if not contained in the amendment itself: plicable, indicate N/A)	
	N/A	
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The date of each amendment(s) adoption:date this document was signed.	AVGVST	!	2017	, if other than the
·				
Effective date <u>if applicable</u> :	AULUST no more than 90 days aft	1, 70	17	
(	no more than 90 days afi	er ämendme	mt file date)	
Note: If the date inserted in this block does not document's effective date on the Department of Sta		nory filing (	requirements, this	date will not be listed as the
Adoption of Amendment(s) (CHEO	CK ONE)			
The amendment(s) was/were adopted by the shareholders was/were sufficient for app	areholders. The number oroyal.	of votes cast	for the amendmen	nt(s)
☐ The amendment(s) was/were approved by the sl must be separately provided for each voting gr				ment
"The number of votes cast for the amenda	nent(s) was/were sufficie	it for appro	val	
by				
by(voting	g group)		_	
☐ The amendment(s) was/were adopted by the boaction was not required.	ard of directors without s	hareholder :	iction and sharehol	lder
☐ The amendment(s) was/were adopted by the incaction was not required.	corporators without share	iolder action	and shareholder	
Dated 1 Avav	4105 Td		•	
Signature				
(By a director preside	nt or other officer = if dir	ectors or of	ficers have not bee	<del></del> _
selected, by an incorp	orator – if m th <del>e hands</del> of			
appointed fiduciary by	r that fiduciary)			
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