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SECRETARY OF STATE TALL AHASSEE, FLORIDA

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APPROVED AND FILED

C. LEWIS
NOV 1 9 2013
EXAMINER

COVER LETTER

Division of Corporations NAME OF CORPORATION: Chairvolotti Financial Services, Inc **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Edward F Chairvolotti Name of Contact Person Chairvolotti Financial Services, Inc. Firm/ Company 1245 W Fairbanks Ave, Suite 300 Winter Park, FL 32789

City/ State and Zip Code ed@cfretirement.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Edward F Chairvolotti 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: \$43.75 Filing Fee & Certified Copy □\$43.75 Filing Fee & □ \$35 Filing Fee □\$52.50 Filing Fee Certificate of Status Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

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Articles of Amendment to Articles of Incorporation of

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Chairvolotti Financial	Services, Inc.					
(Name of Corporation as	currently filed with the Flo	rida Dept. of State)				
P01000058111						
(Document	t Number of Corporation (if k	known)				
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	1006, Florida Statutes, this Fl	orida Profit Corporation ado	pts the following amend	ment(s) to		
A. If amending name, enter the new name	me of the corporation:					
Chairvolotti Financial	, Inc.		The n	ew'		
name must be distinguishable and conte "Corp.," "Inc.," or Co.," or the designa- word "chartered." "professional associat.	ation "Corp," "Inc," or "Co	o". A professional corporati	ated" or the abbreviati	ion		
B. Enter new principal office address, i (Principal office address MUST BE A ST		N/A				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A				
D. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent		ss in Florida, enter the name	e of the			
	(Florida stree					
New Registered Office Address:		, Florida				
	(City)		(Zip Code)			
New Registered Agent's Signature, if ch I hereby accept the appointment as registe		th and accept the obligations	of the position.			

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.

Example: X Change	<u>PT</u>	John Do	<u>be</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		Address
1) Change			N/A		
Add				,	
Remove					
2) Change		_		-	
Add					<u></u>
Remove					
3) Change		_		-	
Add				-	
Remove					
4) Change		_		-	
Add					
Remove					
5) Change		-		-	
Add					
Remove				,	
6) Change		<u> </u>		_	
Add					
Remove				_	

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
N/A	

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The date of each amendment(s) adoption: 1/1/2014	TALL ARY OF STAIT When then the						
date this document was signed.	SECRETARY OF STAFf when the TALL AHASSEE, FLORIDA						
Effective date if applicable: 1/1/2014	.,						
(no more than 90 days after amendment file date)							
Adoption of Amendment(s) (CHECK ONE)							
The amendment(s) was/were adopted by the shareholders. The number of votes cast by the shareholders was/were sufficient for approval.	for the amendment(s)						
The amendment(s) was/were approved by the shareholders through voting groups. In must be separately provided for each voting group entitled to vote separately on the							
"The number of votes cast for the amendment(s) was/were sufficient for appro-	val						
by(voting group)	."						
(voting group)							
The amendment(s) was/were adopted by the board of directors without shareholder a action was not required.	action and shareholder						
The amendment(s) was/were adopted by the incorporators without shareholder action action was not required.	n and shareholder						
Dated 11/4/2013							
Signature							
selected, by an incorporator – if in the hands of a receiver, appointed fiduciary by that fiduciary)	irusiee, or other court						
Edward F Chairvolotti							
(Typed or printed name of person	signing)						
President							
(Title of person signing)							