650809

(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	



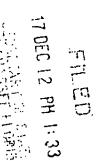


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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Tobias Financial A	dvisors, Inc.			
DOCUMENT NUME					
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	Edgar Collado				
		Name of Contact Person	1		
	Tobias Financial Advisors				
		Firm/ Company			
	1000 S. Pine Island Road, #2	. ,			
	Address				
	Plantation, FL 33324				
		City/ State and Zip Code	:		
سمحاب	Otahing financial warm		,		
edgan	@tobiasfinancial.com	sed for future annual report	- difference		
	E-mail address; (to be us	sed for future annual report	nouncation)		
For further information	t concerning this matter, pleas	se call:			
Edgar Collado		at (424-1660		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address ment Section n of Corporations Building		
Tallahassee, FL 32314		2661 E	xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Tobias Financial Advisors, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) 650809 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: 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: Edgar Collado Name of New Registered Agent 1000 South Pine Island Road, #250 (Florida street address) **Plantation** New Registered Office Address: (City) 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.

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` Joh</u> i	n Doc		
X Remove	<u>V</u> <u>Mik</u>	Mike Jones		
X Add	<u>SV</u> <u>Sall</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	T,CFO	Edgar Collado	1000 South Pine Island Rd	
X Add			Suite #250	
Remove			Plantation, FL 33324	
2) X Change	CEO,D	Marianela Collado	1000 South Pine Island Rd	
Add			Suite #250	
Remove			Plantation, FL 33324	
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets; if necessary).	icles, enter change(s) here: (Be specific)
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and if not contained in the amendment itself:

The date of each amendment(s) adoption:date this document was signed.	, if other than the
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, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	lment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following 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	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sha action was not required.	reholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	der
Dated 12/8/2017	
Signature Math Angle	
(By a director, president or other officer – if directors or officers have no	t been
selected, by an incorporator - if in the hands of a receiver, trustee, or oth	
appointed fiduciary by that fiduciary)	1
Matthew Sanehal Typed or printed name of person signing)	L 2
(Typed of printed name of person signing)	
President	
(Title of person signing)	