H25139

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COVER LETTER

TO: Amendment Section Division of Corpor	rations	ion Benefit	- A Financial - Services Corp
NAME OF CORPOR	ATION: HIMONIC	an Deriger	- Jerna Com
DOCUMENT NUMBI	ER:	H25139	<u> </u>
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following: MAN TARS	19, Pret
_	American	Name of Contact Person	A Financial Servicer
_	902 Clas	Firm/Company MOR Pa	1 Sute 132
_	B	xa Ruta	FC 33447
	14u	City/ State and Zip Cod	e 10D · COU
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Lemand	Turesky	at (501	995-9577
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>Maili</u>	ng Address	Street	Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Ai Ai	rticles of Amendment	1.2 1.1	
	to	I Franchish hel	
Ary	ticles of Incorporation of	41/11/10/10/11/11/10	
American Benefit	- A Finan	cial Jewicer Cen	7
(Name of Corporation as currently filed	with the Florida Dept. o	(State)	
47513	9	PARTITION OF THE PROPERTY OF THE PARTY OF TH	
(Document Number of Co	rporation (if known)		
(Document Number of Co	iporación (il known)		
Pursuant to the provisions of section 607.1006, Florida St its Articles of Incorporation:	tatutes, this Florida Profit	Corporation adopts the following amendn	nent(s) to
A. If amending name, enter the new name of the corpo	oration:	6	
	<u> </u>	NA	
		The ne	
name must be distinguishable and contain the word ' "Corp.," "Inc.," or Co" or the designation "Corp,"			
word "chartered," "professional association," or the abl		sional corporation name musi contain th	ie
pg		11/A	
B. Enter new principal office address, if applicable:		// (7/	
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>ESS</u>)		
		w. / A	
C. Enter new mailing address, if applicable:		NAT	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			
D. If amounting the registered agent and/or registered	office address in Florida		
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		enter the name of the	
now registered again united the new registered of	a 1 A		
Name of New Registered Agent	/V / I	·	
	(Florida street address)		
	17 107 late street dadiessy		
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registe			
l hereby accept the appointment as registered agent. I at	m familiar with and accept	the obligations of the position.	
	XILH		
Signature of New I	Registered Agent, if changi	ng	
G:		O	

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 <math>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> <u>John I</u>	<u>Doe</u>	
X Remove	V Mike	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u> :	Smith	
Type of Action (Check One) 1) Change Add Remove	Title VP	Borhara E Turola	Address 4 902 Chat Moone PD Suite 132 Boca Raton FC 3345 902 Chat Mood PD Suite 132 Boca Raton FL 33457
2) Change Add Remove	UP	Develo G-twesty	902 Clat Mood Re Sup 132 Boxa Rotan FL 33 467
Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

an amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	ttach additional sheets, if necessary).	(Be specific)	— NH	
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(if not applicable, indicate N/A) WA	rovisions for implementing the ame	ndment if not conta	ined in the amendment itself:	
	(if not applicable, indicate N/A)		K (A	
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The date of each amendment(s) adoption:	, if other than th
Effective date if applicable: (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 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 east 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 shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 7/15/14	
Signature Leed M Learles Pres	
(By a director, president or other officer - if directors of officers have not been	
selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Leman Turesky	
(Typed or printed name of person signing)	
Dres-	
(Title of person signing)	<del>_</del>