K90765

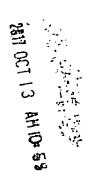
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COVER LETTER

BHOC 13 MIDES

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Certified Financial	Group, Inc.			
DOCUMENT NUM	K 90765				
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Valerie M. Liddon				
		Name of Contact Person	1		
	Certified Financial Group, Inc.				
		Firm/ Company			
	i 111 Douglas Avenue				
	Address				
	Altamonte Springs, Fl 3271	4			
		City/ State and Zip Cod	e		
valer	ie@financialgroup.com				
	-	sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call: at (869-9800 x119		
Name	of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check fo	or 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)		
Am Div P.O	endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Certified Financial Group, Inc.

(Name	of Corporation as curren	ntly filed with the Florida Dept. of State)
K90765		•
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, thi	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:	
N/A		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc." or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address,	if annlicable:	N/A
(Principal office address MUST BE A S		
C. Enter new mailing address, if appl	<u>icable:</u>	N/A
(Mailing address MAY BE A POST	OFFICE BOX	IVA
D. If amending the registered agent ar new registered agent and/or the new registered agent		dress in Florida, enter the name of the
Name of New Registered Agent	N/A	_
Name of New Registered Agent	N/A	
	(Florida s	street address)
New Registered Office Address:	N/A	Disside
New Registerea Office Address:		(City) (Zip Code)
New Registered Agent's Signature, if c		nt: r with and accept the obligations of the position.
i nereby accept the appointment as regis.	ierea ageni. Tam jamiilai	r 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</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Kelly Bert	1111 Douglas Avenue
Add			Altamonte Springs, Fl 32714
X Remove			
2) Change	Р	Joseph F. Bert	1111 Douglas Avenue
X Add		-	Altamonte Springs, Fl 32714
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) here:
	(be specific)
N/A	
···	
<u> </u>	
F. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	
	
	

05/26/15	, if other than the
The date of each amendment(s) adoption:	
05/26/15	
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.	l not be listed as the
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 cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(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.	
10/05/17 Dated	
Signature	
(By a director, president or other officer – 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)	
Joseph F. Bert	
(Typed or printed name of person signing)	
President	
1/(Con of person signing)	