## 167970

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Finco Financial				
DOCUMENT NUME					
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	Lisa Verebay				
	Name of Contact Person				
	ETI Financial Corporation				
	Firm/ Company				
	1551 Sawgrass Corporate Parkway Suite 130				
	Address				
	Sunrise FL 33323				
		City/ State and Zip Code	•		
	lisa@etifinance.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
Lisa Verebay			510-8008 est 101		
	of Contact Person	at (	) 510-8008 ext 101 de & Daytime Telephone Number		
Name (	or Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	the following amount made	payable to the Florida Depa	artment of State;		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Fineo Financial				
(Name of Corporatio	n as currently file	d with the Florida De	pt. of State)	
.67970				
(Docume	ent Number of Cor	poration (if known)		
ursuant to the provisions of section 607.1006, Florida s Articles of Incorporation:	Statutes, this <i>Flori</i>	da Profit Corporation	adopts the followi	ng amendmen
. If amending name, enter the new name of the con	rporation:			The-new
me must be distinguishable and contain the word "con lnc.," or Co.," or the designation "Corp," "Inc," hartered," "professional association," or the abbres	or "Co". A pro			ion "Corp.,"
Enter new principal office address, if applicable:				- ; - ;
rincipal office address <u>MUST BE A STREET ADD</u>				<u>್</u>
(Mailing address MAY BE A POST OFFICE BOX  If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office uddress i	n Florida, enter the n	ame of the	
Name of New Registered Agent				
reame by the a negistered rigem	<u> </u>			- <b>-</b>
	(Florida street ad	dress)	<u>.</u>	_
	(1.10)	,		
New Registered Office Address:	(City)		Florida	Code)
ew Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I		nd accept the obligation	ms of the position.	
0.	CV. D.	14		<del></del>
Signal	ture of ivew Registe	red Agent, if changing		
neck if applicable				

 $\Box$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

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	Tony Perez	1551 Sawgrass Corporate Parkway
X Add			Sunrise F1, 33323
Remove			1992
2) Change	V	Tony Perez	
Add			,.)
Remove 3) Range	P	Joseph Cambi	
Add			
x Remove			
4) Change	CEO	Joseph Cambi	
X Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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	2:
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an amendment provides for an exchange, reclassification, or cancellatio	on of issued chares
rovisions for implementing the amendment if not contained in the amer	ndment itself:
(if not applicable, indicate N/A)	
a/u	
<u> </u>	
-	

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	• •	
<b>Note:</b> If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will Department of State's records.	I not be listed as the
Adoption of Amendment(s)	(CHECK ONF.)	90
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action and	d shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	P. 2: 1
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated	5/10/22 0	
Signature	a. CAMBi	<del></del>
selec	director, president or other officer – it directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Joseph Cambi	
	(Typed or printed name of person signing)	
	CEO	

(Title of person signing)