

No 7000011274

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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TALLAHASSEE, FLORIDA

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10 FEB 12 AM 9:49

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COR AMND/RESTATE/CORRECT OR O/D RESIGN FEDERATED FINANCIAL INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Amend



February 12, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FEDERATED FINANCIAL INC.
3275 WEST HILLSBORO BOULEVARD
SUITE 110
DEERFIELD BEACH, FL 33442

SUBJECT: FEDERATED FINANCIAL INC.
REF: N07000011274

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Tina Roberts
Regulatory Specialist II

FAX Aud. #: H10000032358
Letter Number: 710A00003662

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10 FEB 12 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

FEDERATED FINANCIAL INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N07000011274

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

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:

Name of New Registered Agent: _____

New Registered Office Address: _____
(Florida street address)

_____, Florida
(City) (Zip Code)

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

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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) **SEE ATTACHMENT**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
D	SHERRI S. REED	3275 W. HILLSBORO BLVD. STE 110 DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
D	GARFIELD BIRCH	3275 W. HILLSBORO BLVD. STE 110 DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
D	VALERIE LAWSON	3275 W. HILLSBORO BLVD. STE 110 DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: 02/12/2010
(date of adoption is required)
 Effective date if applicable: 02/12/2010
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 2/12/10

Signature *Uana Altidort*
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

UANA ALTI DORT
(Typed or printed name of person signing)

President
(Title of person signing)

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ADD VIANA ALTIDORT AS DIRECTOR
3275 W. HILLSBORO BLVD., SUITE 101
DEERFIELD BEACH, FL 33442

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