## ·ND7000011274

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SECRETARY OF STAIR
DIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FEDERA	ATED FINANCIAL, INC.	
DOCUMENT NUMBER: N070000112	74	
The enclosed Articles of Amendment and	fee are submitted for filing.	
Please return all correspondence concerning	g this matter to the following	
ANTHONY G. COLEMA	· · · · · · · · · · · · · · · · · · ·	
	(Name of Contact Person)	
FEDERATED FINANCIA		
	(Firm/ Company)	
4171 W. HILLSBORO BI	LVD., SUITE 8	
	(Address)	<del> </del>
COCONUT CREEK, FL	33073	
	(City/ State and Zip Code)	
fsonara@federatedfinand E-mail address:	sial.com (to be used for future annual	report notification)
For further information concerning this ma	atter, please call:	
ANTHONY G. COLEMAN, JR.	at ( 954	) 354-2785
(Name of Contact Person)	(Area C	Ode & Daytime Telephone Number)
Enclosed is a check for the following amou	unt made payable to the Floric	a Department of State:
☑\$35 Filing Fee ☐\$43.75 Filing Fee Certificate of State		Certificate of Status
Mailing Address Amendment Section		Address ment Section
Division of Corporations		n of Corporations
P.O. Box 6327		Building
Tallahassee, FL 32314	· 2661 E	recutive Center Circle

Tallahassee, FL 32301

## 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 617.100 the following amendment(s) to its Articles of		, this <i>Florida Not For P</i>	Profit Corporation adopts
A. If amending name, enter the new name	of the corporatio	<u>n:</u>	
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"			orporated" or the
B. Enter new principal office address, if applicable:		4171 W. HILLSBORO BLVD.	
(Principal office address <u>MUST BE A STRI</u>	EET ADDRESS )	SUITE 8	
		COCONUT CREE	K, FL 33073
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)	ole: FICE BOX)	4171 W. HILLSBO	RO BLVD.
		SUITE 8	
		COCONUT CREE	K, FL 33073
D. If amending the registered agent and/or new registered agent and/or the new re			ter the name of the
Name of New Registered Agent:			
<u>New Registered Office Address:</u>		BBORO BLVD., #8  ida street address)	_
	COCONUT	•	, Florida 33073
		(City)	, Florida <u>33073</u> (Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as register position.			pt the obligations of the
_	Signature of New	Registered Agent, if cha	anging

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them

on an additional sheet.)

Title(s)	<u>Name</u>		Address	
1)				
2)	nia			
3)				
4)				
5)				
6)				
If REMOVING an removed:	officer and/or director, plea	ase list the title(s) a	and name of the office	r/director to be
Title(s)	<u>Name</u>	Title(s)	<u>Name</u>	
1)		4)		
2)	A	5)		
3)		6)		

If amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·

The date of each amendmen	t(s) adoption: 10-27-2011
	(date of adoption- required)
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or madopted by the board of directions	nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.
Dated	
	<b>&gt;</b>
Signature _	
	y the chairman or vice chairman of the board, president or other officer-if directors
	ve not been selected, by an incorporator - if in the hands of a receiver, trustee, of
/ oth	ner court appointed fiduciary by that fiduciary)
1	
	VIANA ALITDORT
	(Typed or printed name of person signing)
	Marei Alector
	(Title of person signing)

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