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Certified Copies	_ Certificates	s of Status
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Special instructions to	Filling Officer.	

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JUN 22 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CREATIVE CR	REDIT COUNSELORS, INC				
DOCUMENT NUMBER: N11000000321					
The enclosed Articles of Amendment and fee are	submitted for filing.				
Please return all correspondence concerning this	matter to the following:				
HANS NAJAC					
	Name of Contact Person				
NAJAC TAX & CONSUI	NAJAC TAX & CONSULTING SERVICES				
	Firm/ Company				
2250 LEE RD - SUITE 20	00				
	Address				
WINTER PARK, FL 3278	39				
	City/ State and Zip Code				
NAJACTAXPRO@GMAIL.CO	PM				
E-mail address: (to be	used for future annual report notification)				
For further information concerning this matter, pl					
HANS NAJAC	at (407) 636-7674				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made	de payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status					
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

Articles of Amendment to Articles of Incorporation of

CREATIVE CREDIT COUNSELORS, INC

	s currently filed with the Florida Dept. of State)
11000000321	
(Document)	Number of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida State Articles of Incorporation:	ntutes, this Florida Profit Corporation adopts the following amendment(s)
If amending name, enter the new name of the corpor	ration:
NIA	The new
Corp.," "Inc.," or Co.," or the designation "Corp," "I ord "chartered," "professional association," or the abbr	corporation," "company," or "incorporated" or the abbrewation Inc," or "Co". A professional corporation name must contain the reviation "P.A."
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRES</u>	
Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	_N/A
If	office address in Flouida autor the name of the
If amending the registered agent and/or registered o	
new registered agent and/or the new registered offic	1
new registered agent and/or the new registered offic Name of New Registered Agent	I A
-	1 A
Name of New Registered Agent N	(Florida street address)
Name of New Registered Agent N	(Florida street address) , Florida (City) (Zip Code)

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.

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>	Name	Address
1) Change	TREA	STELLA CAZALES	2250 LEE RD - SUITE 200
Add			WINTER PARK, FL 32789
X Remove			
2) Change			
Add			· · · · · · · · · · · · · · · · ·
Remove			
3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate N/A)	(Attach	ading or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
provisions for implementing the amendment if not contained in the amendment itself:		
provisions for implementing the amendment if not contained in the amendment itself:		
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provisions for implementing the amendment if not contained in the amendment itself:		
	provis	ions for implementing the amendment if not contained in the amendment itself:

	if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(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 not document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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)	
(voling 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 May 31 2015	
Dated	
Dated May 31 2015 Signature Coullyne News, President	
(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)	
CAOTIVAGE ALEXIC	
(Typed or printed name of person signing)	
President (Title of person signing)	