

NI1000008651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

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(Business Entity Name)

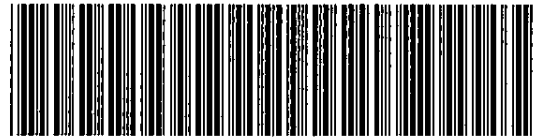
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*Amend*

11 NOV 17 PM 3:37  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** G-1 Credit Counseling Services Inc.

**DOCUMENT NUMBER:** N11000008651

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carmen S. Romero-Tejeda  
(Name of Contact Person)

G-1 Credit Counseling Services Inc.  
(Firm/ Company)

7800 N. University Drive, Suite 202  
(Address)

Tamarac, FL 33321  
(City/ State and Zip Code)

cstfinancial@cstgroup.us  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carmen S. Romero-Tejeda at ( 954 ) 282-8150  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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)

**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

G-1 Credit Counseling Services Inc.

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

N11000008651

(Document Number of Corporation (if known))

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11 NOV 17 PM 3:37  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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**)

7800 N. University Drive

Suite 202

Tamarac, FL 33321

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

7800 N. University Drive

Suite 202

Tamarac, FL 33321

**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

**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.)*

<u>Title(s)</u>	<u>Name</u>	<u>Address</u>
1) <u>DP</u>	<u>Carlos A. Segrera</u>	<u>7800 N. University Drive</u> <u>Suite 202</u> <u>Tamarac, FL 33321</u>
2) <u>DVS</u>	<u>Carmen S. Romero-Tejeda</u>	<u>7800 N. University Drive</u> <u>Suite 202</u> <u>Tamarac, FL 33321</u>
3) <u>DT</u>	<u>Jorge Roza</u>	<u>7800 N. University Drive</u> <u>Suite 202</u> <u>Tamarac, FL 33321</u>
4) _____	_____	_____ _____ _____
5) _____	_____	_____ _____ _____
6) _____	_____	_____ _____ _____

**If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:**

<u>Title(s)</u>	<u>Name</u>	<u>Title(s)</u>	<u>Name</u>
1) <u>DVP</u>	<u>Emanuel Barbosa</u>	4) _____	_____
2) <u>T</u>	<u>Carmen S. Romero-Tejeda</u>	5) _____	_____
3) _____	_____	6) _____	_____

(attach additional sheets, if necessary). (Be specific)

[illegible]

The date of each amendment(s) adoption: November 4, 2011  
(date of adoption- required)

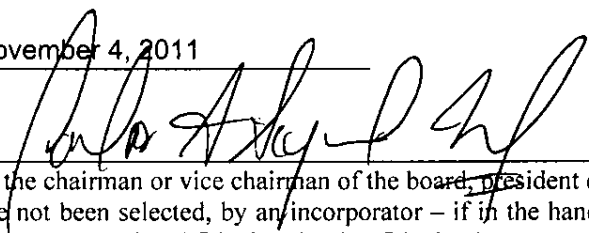
Effective date if applicable: November 4, 2011  
(no more than 90 days after amendment file date)

**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 November 4, 2011

Signature 

(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)

Carlos A. Segrera

(Typed or printed name of person signing)

President

(Title of person signing)