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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

321 LOANS, INC. NAME OF CORPORATION:		
N14000010092 DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Craig Smith		
(Name of Contact Person	on)	
(Firm/ Company)		
1410 SW 3rd St		
(Address)		
Pompano Beach, Florida 33069		
(City/ State and Zip Co	de)	
c.smithcypress@gmail.com		
E-mail address: (to be used for future annual report	t notification)	
For further information concerning this matter, please call:		
Trisha Santos 5	661	910-0056
	Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Dep	partment of S	tate:
\$35 Filing Fee \$\text{Certificate of Status}\$ \$\text{Certified Copy}\$ (Additional copy is enclosed)	Certific Certific	Filing Fee sate of Status ed Copy onal Copy is ed)

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

321 LOANS, INC.		
(Name of Corporation as curr	ently filed with the Flo	rida Dept. of State)
N14000010092		
(Document Nu	mber of Corporation (if l	known)
Pursuant to the provisions of section 617.1006, Florida Stat amendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not Fe</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ation:	
		The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "incorporate	d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>(Z</u> S)	ű
		MIS MAY 2   PM S
C. Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		2
		P
	**************************************	
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office		, enter the name of the
Name of New Registered Agent:		
Nume of New Registered Agent.	4	
	//	lorida street address)
New Registered Office Address:	(r	ioriaa sireei aaaress)
<u></u>		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		t the obligations of the position.
	Sionature of New Regis	stered Agent if changing

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.

Example: X Change X Remove X Add	PT         John E           V         Mike J           SV         Sally S	<u>lones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1)Change	D	Craig Smith	1410 SW 3rd St
X Add			Pompano Beach, FL 33069
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Mtach additional shee	ng additional Articles ets, if necessary). (B	Be specific)				
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	e of each amendment(s) ado 'document was signed.	ption:	, if other than the
Effectiv	e date <u>if applicable:</u>		
		(no more than 90 days after amendment file date)	
	f the date inserted in this block nt's effective date on the Depart	does not meet the applicable statutory filing requirements, this artment of State's records.	date will not be listed as the
Adoption of Amendment(s) (CH		(CHECK ONE)	
	e amendment(s) was/were ado s/were sufficient for approval.	pted by the members and the number of votes cast for the amend	lment(s)
	ere are no members or member opted by the board of director	rs entitled to vote on the amendment(s). The amendment(s) was s.	/were
	Dated 5.1	1.15	
	Signature	///	
	have not beer	an or vice chairman of the board, president or other officer-if di iselected, by an incorporator – if in the hands of a receiver, trust pointed fiduciary by that fiduciary)  Yayus  (Typed or printed name of person signing)	
	K	esident	

(Title of person signing)