

P01000021251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

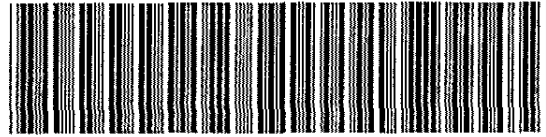
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600042346826

11/14/04--01016--023 **43.75

FILED
04 NOV -4 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11-15
2/10/04

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ERESPONSE, INC

DOCUMENT NUMBER: P01000021251

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

Please return all correspondence concerning this matter to the following:

CARLOS M. DURAN

(Name of Contact Person)

ERESPONSE, INC

(Firm/ Company)

900 WEST 49TH STREET, SUITE 504

(Address)

HIALEAH, FL 33012

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

CARLOS M. DURAN

(Name of Contact Person)

at (305) 818-6676

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

ERESPONSE, INC

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

P01000021251

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

Amigo Financial Group, Inc.

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

(Attach additional pages if necessary)

If an amendment provides for 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)

(continued)

FILED
NOV - 4 AM 10 10
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

The date of each amendment(s) adoption: 11/08/04

Effective date if **applicable**: 11/08/04
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

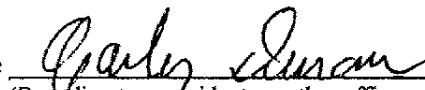
- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each 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)

- ☐ 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.

Signed this 2nd day of November, 2004

Signature



(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)

Carlos Manuel Duran

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35

for filing Purposes Only

900 West 48th St. Suite 504
Hialeah, FL 33012
Phone: 305-818-8876
Fax: 305-818-6672
Toll Free: 800-611-3159
www.CentroDeCertificacionLaboral.com

EResponse, Inc

Fax

PO1000021251

To: Ms. Ana Chesnut

From: Carlos M. Duran

Fax: 850-245-6897

Pages: 1

Phone:

Date: 11/15/2004

Re: Change name

CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Ms. Chesnut,

Please the name of the corporation of which I am president from Eresponse, Inc. to :

Amigo Financial Group, Inc.

Please ignore the name that I had sent in my request for amendment.

Thanks and regards,

Carlos Duran

Carlos M. Duran