# P01000076168

(R	equestor's Name)	
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#### **COVER LETTER**

Division of Corporations NAME OF CORPORATION: ACH/AUE Brokerage, Inc. P01000076168 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kenneth S. Gluckman Name of Contact Person General Counsel Advisors, P.A. Firm/ Company 1065 W. Morse Blvd., Suite 101 Address Winter Park, Florida 32789 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407) 956-1000
Area Code & Daytime Telephone Number Kenneth Gluckman Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed)

#### **Mailing Address**

TO: Amendment Section

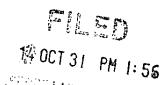
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### **Street Address**

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

is enclosed)

### **Articles of Amendment** to Articles of Incorporation



# ACH/AUE Brokerage, Inc.

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

## P01000076168

(Documer	nt Number of Corporation (i	known)	******
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation ad	opts the following amendmen
A. If amending name, enter the new na	me of the corporation:		
ACH Corporation of Ar	nerica II. Inc.		Th.,
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	tain the word "corporation ation "Corp." "Inc," or "	Co". A professional corpora	The new rated" or the abbreviation tion name must contain the
B. Enter new principal office address, (Principal office address MUST BE A S		N/A	
Trinepa office address see ST BE 718	, in the second		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A	
D. If amending the registered agent an new registered agent and/or the new			e of the
Name of New Registered Agent	N/A		
Name of New Registered Agent			
	(Florida str	zet address)	
New Registered Office Address:	N/A		
New Registerea Office Address:	(City)	, Florida_	(Zip Code)
New Registered Agent's Signature, if classification in the Agent's Agent's Signature, if classification is the	ered agent. I am familiar v	vith and accept the obligations	of the position.
Sis	enature of New Registered A	lgent, 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	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	N/A	_	N/A	N/A
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change		_		
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)		(Be specific)
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The date of each amendment(s) adoption: N/A	, if other than the
date this document was signed.	
Effective date if applicable: N/A	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
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)	
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 10/15/14 Signature Lands Fall	_
(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)	
Charles L. Hall	
(Typed or printed name of person signing)	<del></del>
Director & President	
(Title of person signing)	<del></del>