## P0200021717

(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:

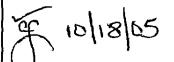
Office Use Only



700060425537

10/11/05--01026--002 \*\*52.50

FLORIDA



## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Antoni	io & Associates Fina	ncial Services Inc
DOCUMENT NUMBER: POZOO	0021717	
The enclosed Articles of Amendment and fee	e are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Vicki Antonio (Nam	ne of Contact Person)	~ <del></del>
Antonio i Associad	tes Fundacial Services Firm/Company)	2005 OCT 11 I
6625 Miami Lake	S Druje (Address)	ALLAHASSELFLORI
Miami Lakes, Flor	ind 33014 State and Zip Code)	2: 1 1 DRIDA
For further information concerning this matte	er, please call:	
Vicki Antonio (Name of Contact Person)	at (305) 777 (Area Code & Daytime	
Enclosed is a check for the following amount	*• **	
\$35 Filing Fee \$ Status  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 Ci Tallahassee, FL 32301	rcle

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

	2005 OCT     PM
Antonia & Accordites Formacia   Services Inc	~ _
Antonio   Associates Financial Services Inc. (Name of corporation as currently filed with the Florida Dept. of State	) IALLAHASSEE FLO
P02000031717	
(Document number of corporation (if known)	
ursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Pro</i> lopts the following amendment(s) to its Articles of Incorporation:	fit Corporation
EW CORPORATE NAME (if changing):	
Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.,"  A professional corporation must contain the word "chartered", "professional association," or the	"fnc.," or "Co.") abbreviation "P.A.")
MENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	Article Number(s)
Delete: Katreece Dunbor, Secretary	
Delete: Katreece Dunbar, Secretary  Add: Katreece Dunbar, Director	——————————————————————————————————————
Add: Vicki Antonio, Secretary	
	***************************************
	····
(Attach additional pages if necessary)	
an amendment provides for exchange, reclassification, or cancellation of issued implementing the amendment if not contained in the amendment itself: (if not	
N/A	······································

(continued)

The date of each amendment(s) adoption: October 8, 2005	The Live
Effective date if applicable: Color 8, 7005  (no more than 90 days after amendment file date)	2005 OCT     PM  2:
Adoption of Amendment(s) (CHECK ONE)	IALLAHASSEE FLORID
The amendment(s) was/were approved by the shareholders. The return the amendment(s) by the shareholders was/were sufficient for approved the shareholders.	
The amendment(s) was/were approved by the shareholders throug following statement must be separately provided for each voting separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were su	fficient for approval by
(voting group)	
The amendment(s) was/were adopted by the board of directors was and shareholder action was not required.	ithout shareholder action
The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	at shareholder action and
Signature  (By a director, president or other officer - if directors or officer selected, by an incorporator - if in the hands of a receiver, trappointed fiduciary by that fiduciary)	
Vicki Artonio (Typed or printed name of person signing)	
Secretary, Treasure (Title of person signing)	

FILING FEE: \$35