

PO2000132404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

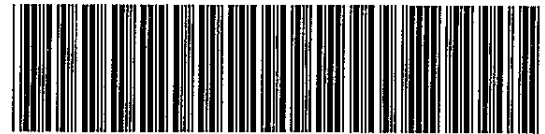
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Office Use Only

*In need of next*  
**AUTHORIZATION BY PHONE TO**  
**CORRECT add suffix**  
DATE \_\_\_\_\_  
DOC. EXAM. *13*

*State of adoption*



900054499489

05/17/05--01054--007 \*\*35.00

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

05 JUN - 8 AM 10: 04

FILED

*PS 6/9/05*  
*NC*



MAY 31 2005

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

May 24, 2005

ANDREW RUSSELL  
OMNI CONSUMER TAX, INC.  
2300 3RD CT  
VERO BEACH, FL 32960

SUBJECT: OMNI CONSUMER TAX, INC.  
Ref. Number: P02000132404

We have received your document for OMNI CONSUMER TAX, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Pamela Smith  
Document Specialist

Letter Number: 305A00037414

\* Attached is the updated form. Please contact me at 800-707-8065 ext 2520 if there are any problems

Thanks  
Andrew Russell

RECEIVED  
JUN -8 AM 8:00  
OFFICE OF CLERK AITCH

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Omni Consumer Tax, Inc.

**DOCUMENT NUMBER:** P02000132404

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

Please return all correspondence concerning this matter to the following:

Andrew Russell  
(Name of Contact Person)

Omni Consumer Tax, Inc  
(Firm/ Company)

2300 3rd Court  
(Address)

Vero Beach, FL 32960  
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Andrew Russell at (800) 707-8065 ext. 2478  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

**FILED**

05 JUN -8 AM 10: 04

Omni Consumer Tax, Inc.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

P02000132404

(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):**

EL Dorado Financial, 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)**

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(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)

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(continued)

The date of each amendment(s) adoption: May 16, 2005

Effective date if applicable: \_\_\_\_\_  
(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.

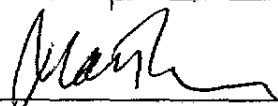
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"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 16 day of May, 2005.

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)

Matthew Mulligan  
(Typed or printed name of person signing)

Owner / CEO  
(Title of person signing)

FILING FEE: \$35