## PO40000 48796

| (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: |
| Special mediations to 1 ming emeci.     |
|   |
|   |
|   |
|   |
|   |
|   |

Office Use Only



300246185293

03/29/13--01017--013 \*\*35.00

ZUI3 MAR 29 PM 2: 04 SECRETARY OF STATE TALLAHASSEE, FLORID

FILED

APR 0 3 7013

## COVER LETTER

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO           | RATION: NETO FINA<br>BER: P0400004879  | ANCIAL GROUF<br>6  | P, INC  |
|-------------------------|--|--|---|
| The enclosed Articles   | of Amendment and fee are su  | bmitted for filing.  |   |
| Please return all corre | spondence concerning this mat  | ter to the following:  |   |
|                         | ELIZABETH MOF  | RTON   |   |
|                         |  | Name of Contact Persor   | 1   |
|                         | <b>NETO FINANCIA</b>   | L GROUP  |   |
|                         |  | Firm/ Company  |   |
|                         | 6035 SW 64TH P   | LACE   |   |
|                         |  | Address  |   |
|                         | SOUTH MIAMI, F   | L 33143  |   |
| ·                       |  | City/ State and Zip Code   | 2   |
| LIZ                     | @FMCCPAS.CO  | М  |   |
| the english in          |  | ed for future annual report  | notification)   |
| For further information | on concerning this matter, pleas   | e call:  |   |
| ELIZABETH               | MORTON   | <sub>at (</sub> 786  | 217-4207  |
| Name                    | of Contact Person  | Area Co  | de & Daytime Telephone Number   |
| Enclosed is a check for | or the following amount made p   | payable to the Florida Depa  | artment of State:   |
| \$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)    |
| Am Div                  | iling Address<br>endment Section<br>ision of Corporations<br>b. Box 6327<br>lahassee, FL 32314 | Amend<br>Divisio<br>Clifton<br>2661 E                              | Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301 |

## Articles of Amendment to Articles of Incorporation of

| NETO FINANCIAL GROUP,  | INC.  |                            |
|--|---|----------------------------|
| *  | ttly filed with the Florida Dept. of State)   | •                          |
| P04000048796   |   |                            |
| (Document Numb   | per of Corporation (if known)   |                            |
| Pursuant to the provisions of section 607.1006, Fi its Articles of Incorporation:  | lorida Statutes, this Florida Profit Corporation adopts the following   | g amendment(s) t           |
| A. If amending name, enter the new name of t   | he corporation:   |                            |
|  |   | _The new                   |
| name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "(word "chartered," "professional association," or | e word "corporation," "company," or "incorporated" or the al<br>Corp," "Inc," or "Co". A professional corporation name must o<br>or the abbreviation "P.A." | bbreviation<br>contain the |
| B. Enter new principal office address, if applie (Principal office address MUST BE A STREET  |   | -                          |
| MED  |   |                            |
| 1417.11  |   |                            |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE   | E BOX)  |                            |
|  | <del></del>   |                            |
|  | <u> </u>  | -                          |
| D. If amending the registered agent and/or reg<br>new registered agent and/or the new registered   | gistered office address in Florida, enter the name of the ered office address:  |                            |
| Name of New Registered Agent   |   | •                          |
|  |   | ,                          |
| 6. English at  | (Florida street address)  |                            |
| it rincin New Registered Office Address:   | , Florida   |                            |
| St. B.   | (City) (Zip Code)   |                            |
|  |   |                            |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered age  | g Registered Agent: sent. I am familiar with and accept the obligations of the position.  |                            |
| Signatura  | of New Registered Agent, if changing  |                            |
| Signature  | og tren regimered rigem, ij endinging   | ~                          |
|  | <u>P</u>  | SE 😑                       |

the figures of the second

Page 1 of 4

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 Doe         |                       |
|----------------------------|--------------|------------------|-----------------------|
| X Remove                   | <u>v</u>     | Mike Jones       |                       |
| <u>X</u> 'Add              | <u>sv</u>    | Sally Smith      |                       |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u>      | <u>Addres</u> s       |
| 1) Change                  | Р            | ARTURO NETO      | 6035 SW 64TH PL       |
| Add                        |              |                  | SOUTH MIAMI, FL 33143 |
| X Remove                   |              |                  |                       |
| 2) X Change                | P            | ELIZABETH MORTON | 6035 SW 64TH PL       |
| Add                        |              |                  | SOUTH MIAMI, FL 33143 |
| Remove                     |              |                  |                       |
| 3) Change                  |              |                  |                       |
| Add                        |              |                  |                       |
| Remove                     |              |                  |                       |
| 4) Change                  |              |                  |                       |
| Add                        |              |                  |                       |
| Remove                     |              |                  |                       |
| 5) Change                  | <u>.==.</u>  |                  |                       |
| Add .                      |              |                  | -                     |
| Remove                     |              |                  | ···                   |
| 6) Change                  |              | _                |                       |
| Add                        |              |                  |                       |
| Remove                     |              |                  |                       |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)  |
|--|
|  |
| · · · · · · · · · · · · · · · · · · ·  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| in disease with the second sec |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| F. 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)   |
| ALL SHARES BELONGING TO ARTURO NETO ARE TRANSFERE  |
| TO ELIZABETH MORTON. EFFECTIVE 3/27/13 ELIZABETH MORTON I  |
|  |
| THE SOLE SHAREHOLDER OF NETO FINANCIAL GROUP.  |
|  |
|  |
|  |
|  |
|  |
|  |

| The date of each amendment(s) adoption: 3/2//13  |
|--|
| Effective date if applicable: 3/27/13  |
| (no more than 90 days after amendment file date)   |
|  |
| Adoption of Amendment(s) ( <u>CHECK ONE</u> )  |
| ■ 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 3/27/13  |
| Signature E. Motor   |
| (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) |
| ELIZABETH MORTON   |
| (Typed or printed name of person signing)  |
| PRESIDENT  |
| (Title of person signing)  |

707°.