P04000127067

(Req	uestor's Name)	
(Add	ress)	
•	•	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
_		
(Bus	iness Entity Na	me)
(Doc	ument Number)
Continue Continu	Cadificata	a of Chabus
Certified Copies	Certificate	s of Status
Special Instructions to F	ilina Officer:	
	9	





300113459793

01/07/08--01005--009 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED

M. C.

6. Conflicte FEB 1 8 2008

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION: MARLBORG	OUGH INDUSTRIES	S, INC.	
DOCUMENT NU	MBER: <u>P04000127067</u>			
The enclosed Artic	eles of Amendment and fee a	re submitted for filin	ıg.	
Please return all co	orrespondence concerning thi	is matter to the follow	ving:	
DEF	RMOT GRAHAM			
	(Name	of Contact Person)		· · · · · · · · · · · · · · · · · · ·
	(Fir	rm/ Company)		
106	0 NE 25 AVE #4			
***************************************		(Address)		
PON	MPANO BEACH, FL 33062	•		
		tate and Zip Code)		
For further information	ation concerning this matter,	please call:		
DERMOT GRAHA	M	at (954	394-1346	i e
(Name of Contact Person) (Area Code & Daytime Telephone Num		elephone Number)		
Enclosed is a checi	k for the following amount:			
☑ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	\$43.75 Filing F Certified Copy (Additional copenclosed)		\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box 6	nt Section Corporations	Street Address Amendment Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FI	ection rporations g c Center Circ	cle

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MARLBOROU	IGH INDUSTRIES, INC	de construit de la description description de la		
DOCUMENT NUMBER: P04000127067				
The enclosed Articles of Amendment and fee are	submitted for filing.			
Please return all correspondence concerning this	matter to the following:			
DERMOT GRAHAM				
(Name of	Contact Person)	****		
MARLBOROUGH INDUSTRI	ES, INC.			
Firm.	(Firm/ Company)			
1060 NE 52 AVE #4 (A SSEE THAT SSEE				
B FEB	Address)			
POMPANO BEACH, FL 33062				
	te and Zip Code)	.		
For further information concerning this matter, pl	lease call:			
· · · · · · · · · · · · · · · · ·				
DERMOT GRAHAM	at (954) 317-2645			
(Name of Contact Person) (Area Code & Daytime Telephone Number)		elephone Number)		
Enclosed is a check for the following amount:				
\$35 Filing Fee \$\text{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 Circ Tallahassee, FL 32301	le		



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 10, 2008

DERMOT GRAHAM 1060 NE 25 AVE. #4 POMPANO BEACH, FL 33062

SUBJECT: MARLBOROUGH INDUSTRIES, INC.

Ref. Number: P04000127067



We have received your document for MARLBOROUGH INDUSTRIES, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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 document number of the name conflict is L05000110496 / MARLBOROUGH, LLC.

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) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 108A00002187

Articles of Amendment to Articles of Incorporation of

(Name of corporation as currently filed with the Florida Dept. of S	State)	
P04000127067		
(Document number of corporation (if known)		
rsuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> opts the following amendment(s) to its Articles of Incorporation:	Profit Corporation	
CW CORPORATE NAME (if changing):		
ARLBOROUGH INDUSTRIES FINANCIAL SERVICES, INC		
ist contain the word "corporation," "company," or "incorporated" or the abbreviation "Coprofessional corporation must contain the word "chartered", "professional association," or)
		`
APPAINATERING A PARISTED AND PERSON OF LABOR OF A RAPE CHI A RAPE IN ALL		
	ate Article Number(s	,
	ate Article Number(s	,
<u>MENDMENTS ADOPTED</u> - (OTHER THAN NAME CHANGE) Indicator Article Title(s) being amended, added or deleted: (BE SPECIFIC)	ate Article Number(s	,
	ate Article Number(s	,
	ate Article Number(s	80
	SECRET	780
	SECRETARY	
	SECRETARY OF	08 FEB 18
	SECRETARY OF	08 FEB 18 PH
	SECRETARY OF	08 FEB 18
	SECRETARY OF	08 FEB 18 PH
	SECRETARY OF	08 FEB 18 PH
	SECRETARY OF	08 FEB 18 PH
	SECRETARY OF	08 FEB 18 PH

(continued)

The date of each amendmer	t(s) adoption: 02/11/2008
Effective date if applicable:	02/11/2008
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
·) was/were approved by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.
•) was/were approved by the shareholders through voting groups. The nt must be separately provided for each voting group entitled to vote amendment(s):
"The number of	of votes cast for the amendment(s) was/were sufficient for approval by
	(voting group)
) was/were adopted by the board of directors without shareholder action ction was not required.
The amendment(s shareholder action	was/were adopted by the incorporators without shareholder action and was not required.
	director, president or other officer - if directors or officers have not been cted, by an incorporator - if in the hands of a receiver, trustee, or other court
арр	ointed fiduciary by that fiduciary)
DE	RMOT GRAHAM
	(Typed or printed name of person signing)
PE)
 .	(Title of person signing)

FILING FEE: \$35