# 0600003793

(Requestor's Name)	
(Address)	
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(2) (2) (3)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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08/20/09--01022--007 \*\*35.00



#### COVER LETTER

**TO:** Amendment Section Division of Corporations

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORP	ORATION:	NIAN FINANCING COF	<u> </u>
DOCUMENT NU			
The enclosed Artic	les of Amendment and fee a	are submitted for filing.	
Please return all co	rrespondence concerning th	is matter to the following:	
_		EDSON RIBERA	
	,	Name of Contact Person	
	NIA	N FINANCING CORP	
•		Firm/ Company	·
		6020 RADIO RD	
•		Address	<del></del>
	١	NAPLES FL 34104	
•	C	City/ State and Zip Code	
<u></u>	E-mail address: (to be use	ed for future annual report notification)	
For further informa	ation concerning this matter,	, please call:	
E	DSON RIBERA	at (239)5	30-1700
	of Contact Person	Area Code & Daytime Te	lephone Number
Enclosed is a check	c for the following amount r	nade payable to the Florida Depar	tment 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)
<u>Mailing Ac</u> Amendmen		Street Address Amendment Section	

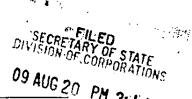
**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

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



#### NIAN FINANCING CORP.

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

### P06000037939 (Document Number of Corporation (if known)

owing

	N/A				The ne
name must be distinguishable and contain that abbreviation "Corp.," "Inc.," or Co.," or the contain the word "chartered," "profes	designation "C	orp," "Inc,	" or "Co".	A profession	
B. Enter new principal office address, if appli (Principal office address <u>MUST BE A STREET</u>		N/A			<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>'E BOX</u> )				
D. If amending the registered agent and/or re new registered agent and/or the new regist			Florida, e	nter the name	e of the
			Florida, e	nter the name	e of the
new registered agent and/or the new regist	tered office ad			nter the name	e of the
new registered agent and/or the new regist  Name of New Registered Agent:	tered office ad	dress: ida street aa	ldress)	nter the name	

## 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
VP	EDSON RIBERA	6020 RADIO RD NAPLES FL 34104	
			☐ Add ☐ Remove
			Add
	ding or adding additional Articles, additional sheets, if necessary). (Bu		
provisi	mendment provides for an exchangions for implementing the amendment applicable, indicate N/A)		
50% OF	SHARES HOLDED BY ANTO	NIO BROWN AND 50% BY EL	DSON RIBERA
		· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s	) adoption: $8-17-07$
	(date of adoption is required)
Effective date if applicable:	<u> </u>
(	no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	."
	voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated_ 8/17/2	009
0'	*
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	ANTONIO BROWN
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

• :