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SECRETARY OF STATE



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SRT Finance	cial Services, Inc	<u> </u>
DOCUMENT NUMBER: P060005254		
The enclosed Articles of Amendment and fee are sul	omitted for firing.	
Please return all correspondence concerning this mat	ter to the following:	
Joyce Solis		
	Name of Contact Persor	1
SRT Financial Se	rvices, Inc.	
	Firm/ Company	
4101 SW 47th Av	e, Suite 102	
	Address	
Davie, FL 33314		
	City/ State and Zip Code	e
jsolis@srtrl.com		
· •	ed for future annual report	notification)
· ·	•	,
For further information concerning this matter, pleas	e call:	
Joyce Solis	_{at (} 954	797-3392
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	artment of State:
\$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 Circle Tallahassee, FL 32301	

Articles of Amendment Articles of Incorporation of

SRT Financial Services,	Inc.			
(Name of Corporation as	currently filed with the Flor	ida Dept. of State)		
P06000052541				
(Documer	nt Number of Corporation (if kr	iown)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Flo</i>	rida Profit Corporation a	idopts the following	; amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co	". A professional corpor	porated" or the ab ration name must c	The new breviation ontain the
B. Enter new principal office address, (Principal office address MUST BE A S				
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)				
D. If amending the registered agent an new registered agent and/or the new		in Florida, enter the na	me of the	
Name of New Registered Agent	SRT Holdings, LLC	2		
	4101 SW 47th Av	e, Suite 102	_	
	(Florida street d	•	-	
New Registered Office Address:	Davie, FL	. Florida	33314	
	(City)		(Zip Code)	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position Signature of New Registered Agent, if changing

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:	e, ana sai	ty Smun, Sv as an Aaa.	
X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) _/_ Change	СОВ	Richard Lund	4101 SW 47th Ave
Add			Suite 102
Remove			Davie, FL 33314
2) Change	<u>P</u>	David O'Neal	4101 SW 47th Ave
Add			Suite 102
Remove			Davie, FL 33314
3) VChange	PSTE	Joyce Solis	4101 SW 47th Ave
Add			Suite 102
Remove			Davie, FL 33314
4) Change	D	John Mann	4101 SW 47th Ave
Add			Suite 102
Remove			Davie, FL 33314
5) Change			
Add			
Remove			
O. Ohaana			
6) Change			
Add			<u> </u>
Remove			

tach <i>additional she</i>	eets, if necessary).	(Be specific)			
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an amendment pi	rovides for an excl	nange, reclassifi	cation, or canc	ellation of issued	shares,
rovisions for imp	lementing the ame ble, indicate N/A)	endment if not co	ontained in the	amendment itse	<u>lf:</u>
(9	, , , , , , , , , , , , , , , , , , , ,				
			······································		
					
			· <u></u>		
					
					

The date of each amendment(s) adoption: 8-16-2012		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	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)	
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
_{Dated} _8-16-	2012	
Signature	a director, president or other officer – if directors or officers have not been	
selec	eted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Richard Lund	
	(Typed or printed name of person signing)	
	Chairman of the Board	
	(Title of person signing)	