P06000061666

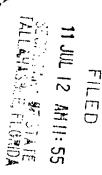
(Requestor's Name)
(Address)
(Address)
(Hadicaa)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
oponem monatorio de vient g o mosn

Office Use Only



300209102433

06/27/11--01015--009 **35.00



Out from

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION:	ORGANIZED FX, IN	C
DOCUMENT NO	NUMBER:P06000061666		
The enclosed Artic	cles of Amendment and fee	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
		Sally L Null	
	1	Name of Contact Person	
	C	Organized FX, Inc.	
		Firm/ Company	
		1705 Arch Street	
		Address	
		Tampa, FL 33607	
		City/ State and Zip Code	
	Snull@ E-mail address: (to be use	organizedfx.com od for future annual report notification)	
For further informa	ation concerning this matter,	please call:	
		at (813)7	786-5946
	of Contact Person	Area Code & Daytime Te	•
Enclosed is a check	k for the following amount n	nade payable to the Florida Depar	rtment of State:
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fce & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ac Amendmen Division of P.O. Box 6: Tallahassee	t Section Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	le



June 29, 2011

SALLY L. NULL 1705 ARCH STREET TAMPA, FL 33607

SUBJECT: ORGANIZED FX, INC. Ref. Number: P06000061666

We have received your document for ORGANIZED FX, 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):

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

The document that was sent in was Articles of Amendment for a Non Profit Corporation.

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) 245-6916.

Carol Mustain Regulatory Specialist II

.

Letter Number: 711A00015706

Articles of Amendment Articles of Incorporation of

(ORGAN	IIZED F	X, IN	C.		
(Name of Corporatio	n as curre	ntly filed	with th	e Floric	la Dept. of State)	
	P06	000061	666			
(17)		1 00		1.01		

P06000061666	3
(Document Number of Corpora	tion (if known)
Pursuant to the provisions of section 607.1006, Florida Statuamendment(s) to its Articles of Incorporation:	ntes, this Florida Profit Corporation adopts the follo
A. If amending name, enter the new name of the corporation	on:
name must be distinguishable and contain the word "corabbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional association and the word "chartered," "professional association to the word "contain t	Corp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable:	1705 ARCH ST
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	TAMPA, FL 33607
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1705 ARCH ST 55
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad Name of New Registered Agent:	
New Registered Office Address: (Flor	ida street address)
(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam	Agent: iliar 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)

<u>Title</u>	Name	Address	Type of Action
PSTD	SALLY L NULL	21840 SHAMU DR LAND O LAKES, FL 34639	
PSTD	SALLY L NULL	1705 ARCH ST TAMPA, FL 33607	_ ☑ Add _ □ Remove
			
	dditional sheets, if necessary). (Be		
provisio		e, reclassification, or cancellation of intification of intifi	

The date of each amendmen	t(s) adoption: 6/23/2011
Effective date <u>if applicable</u> :	6/23/2011 (date of adoption is required)
-	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement and 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/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated_7/7/2 Signature	2011 Cally M
sele	director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	SALLY L. NULL
	(Typed or printed name of person signing)
	President/CEO
	(Title of person signing)