

P06000104752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

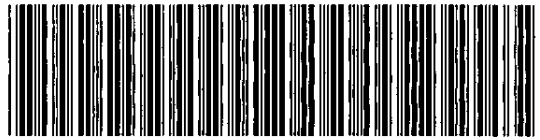
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 NOV 19 PM 3:32

Amend

C. Cauteris NOV 19 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: New Life Financial Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P06000104752

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sabrina N. Infiesta

(Name of Contact Person)

New Life Financial Services, Inc.

(Firm/Company)

11098 Song Sparrow Avenue

(Address)

Weeki Wachee, FL 34614

(City/State and Zip Code)

For further information concerning this matter, please call:

Sabrina N. Infiesta

(Name of Contact Person)

at (352) 597-6755

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$35.00 Filing Fee

\$43.75 Filing Fee & Certificate of Status

\$43.75 Filing Fee & Certified Copy

\$52.50 Filing Fee, Certificate of Status & Certified Copy

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 14, 2007

SABRINA N. INFIESTA
NEW LIFE FINANCIAL SERVICES, INC.
11098 SONG SPARROW AVE
WEEKI WACHEE, FL 34614

SUBJECT: NEW LIFE FINANCIAL SERVICES, INC.
Ref. Number: P06000104752

We have received your document for NEW LIFE FINANCIAL SERVICES, 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):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

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: 707A00065820

Attn: Cheryl Coulliette
letter # 707A00065820

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: New Life Financial Services, Inc.

DOCUMENT NUMBER: P06000104752

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sabrina N. Infiesta

(Name of Contact Person)

New Life Financial Services, Inc.

(Firm/ Company)

11098 Song Sparrow Avenue

(Address)

Weeki Wachee, FL 34614

(City/ State and Zip Code)

RECEIVED

2007 NOV 19 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Sabrina N. Infiesta

(Name of Contact Person)

at (352)

597-6794
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$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)

* already paid
check rec'd 11/13/07

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
to
Articles of Incorporation
of**

New Life Financial Services, Inc.

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

P06000104752

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (**BE SPECIFIC**)

Delete Sabrina N. Infiesta as President and Treasurer

Delete Robert L. Infiesta as Vice President

Delete Fortunata Bosco as Secretary

Add as President, Vice President, Secretary and Treasurer to:

John. J. Bosco

7548 Nemec Drive North

West Palm Beach, FL 33406

(Attach additional pages if necessary)

If an amendment provides for 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)

(continued)

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The date of each amendment(s) adoption: 11/13/2007

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

The amendment(s) was/were approved 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.

Signature Sabrina N. Infiesta
(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)

Sabrina N. Infiesta
(Typed or printed name of person signing)

current President
(Title of person signing)

FILING FEE: \$35