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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	MB FINANCIAI	_ GROUP, PA		
DOCUMENT NUMBER:	P06000152475			
The enclosed Articles of Amenda	nent and fee are su	bmitted for filing.		
Please return all correspondence	concerning this ma	tter to the following:		
		MARIO E. JUAREZ		
		Name of Contact Person	n	
	МВ	FINANCIAL GROUP, PA	\	
		Firm/ Company		
	7370 CC	LLEGE PARKWAY SUIT	re 301	
		Address		
FORT MYERS, FL 33907				
	-	City/ State and Zip Cod	e	
	МА	RIO@MBACCOUNTING	SPA.COM	
E-ma	il address: (to be us	sed for future annual report	notification)	
For further information concerni	us this matter plan	su nalle		
ror further information concerns	ig this matter, pieas	se can.		
MARIO E. JUAREZ		at (246-9272	
Name of Contact	Person		de & Daytime Telephone Number	
Enclosed is a check for the follow	ving amount made	payable to the Florida Dep	artment of State:	
-	3.75 Filing Fee & tificate 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 Addre Amendment Se Division of Co P.O. Box 6327	ection	Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee	

Articles of Amendment to Articles of Incorporation of

MB FINANCIAL GROUP, PA

(Name of Corporation as currently	y filed with the Florida Dept. of Sta	<u>te</u>)
P060001524	75	
(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this aits Articles of Incorporation:	Florida Profit Corporation adopts the	e following amendment(s) to
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name mu	bbreviation "Corp.,"
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		201
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
		<u></u>
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address		<u>e</u>
Name of New Registered Agent N/A	<u>. </u>	_
(Florida str	veet address)	
New Registered Office Address:	(City), Florid	a(Zip Code)
Nam Degistered Acent's Signature if showing Degistered Acent		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v		position.
Signature of New Ri	egistered Agent, if changing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

\underline{X} Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	DIR	KEVIN A. BRAN	7370 COLLEGE PARKWAY
X Add			SUITE 301
Remove			FORT MYERS, FL 33907
2) Change			<u> </u>
Add			
Remove 3) Change		_	
Add			
Remove			
4) Change		-	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Auach <i>adainonal s</i>	lding additional Ar sheets, if necessary).	(Be specific)			
N/A					
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f an amendment	provides for an exc	hange, reclassifica	ation, or cancellat	tion of issued shar	es,
(if not applice	nplementing the amahle, indicate N/A)	enament it not co	ntained in the am	enament itseit:	
N/A	,				
					
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f other than t
N.
be listed as the
eholder