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Office Use Only



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SECNETARY OF STATE

APR 23 2014 C. CARROTHERS

## **COVER LETTER**

TO: Amendment Section Division of Corporations						
NAME OF CORPORATION: Blackwall Capital Market	, Inc.					
DOCUMENT NUMBER: PU600015 / LOS						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Kevin Clen						
Name of Contact Person						
Phoenix Encestment Services  Firm/Company  (DD Wall St, 10th F1  Address	The					
Firm/ Company						
100 Wall St, 10th FI						
Address						
NYC NY 10005						
City/ State and Zip Code						
kchen C blackwallcap, taline com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
V \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
Name of Contact Person Area Code & Daytime Telep	<u> </u>					
Name of Contact Person Area Code & Daytime Telep	hone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  (Additional Copy is enclosed)	tatus					
Mailing Address Street Address						
Amendment Section Amendment Section						
Division of Corporations  Division of Corporations  Division of Corporations  Clifton Parilding						
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Cir	cle					

Tallahassee, FL 32301

## Articles of Amendment

to
Articles of Incorporation

FILED

1	Articles of fileon	poration	1 1 L	Lau Sal
Blackwall Cap		Trc	14 APR 17	PM 1:59
	currently filed with the Flor	rida Dept. of State)	SECRETARY	ACTION
POGDODIS	(7) 05		TALLAHASSE	
(Document	t Number of Corporation (if k	nown)		
rsuant to the provisions of section 607.1 Articles of Incorporation:	.006, Florida Statutes, this Flo	orida Profit Corporation a	dopts the following	amendment(s
If amending name, enter the new name				
Phoenix Investo	ment Services	, Inc.		The new
me must be distinguishable and conto Corp., ""Inc.," or Co.," or the designa- ord "chartered," "professional associate Enter new principal office address, i	ation "Corp," "Inc," or "Co ion," or the abbreviation "P	o". A professional corpor	ration name must c	ontain the
rincipal office address MUST BE A ST				
. Enter new mailing address, if applic	rahle.			
(Mailing address MAY BE A POST O				
If amending the registered agent and		s in Florida, enter the na	me of the	
new registered agent and/or the new	y registered office address:			
Name of New Registered Agent			_	
			_	
	(Florida street	address)		
New Registered Office Address:		, Florida		
	(City)		(Zip Code)	
ew Registered Agent's Signature, if ch	nanging Registered Agent:			
hereby accept the appointment as registe		h and accept the obligation	ns of the position.	
Sig	gnature of New Registered Ag	ent, 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 <math>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: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		<del>-</del>		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

amending or adding additional Arti- attach additional sheets, if necessary).	(Be specific)
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
orovisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(g not apprecion, national nation	
•	

The date of each amendment(s) adoption	on:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	-
	(no more than 50 days after amenament fue date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) nt for approval.	
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for th	e amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
Dated 4/9//	7	
Signature	7 (	
(By a directo selected, by	r, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)	-
··	(Typed or printed name of person signing)	_
	(Typed or printed name of person signing)  (Chaiman / Director	
		-
	· <del>P</del> ec	7
		PR T
	ASS.	- Prans
	(Title of person signing)  SECRETARY  FIGURE 1. CONTROL OF THE PERSON SIGNING.	14 APR 17 PH 1:55
	<u> </u>	
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