P09000006421

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Cronort Zina), name,
(Document Number)
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10/11/2022

COVER LETTER

Division of Corporations NAME OF CORPORATION: Della Porta Financial Advisors, Inc. P08000006421 DOCUMENT NUMBER: ___ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Cimarrone Blvd.
Address Johns, FL 32259 City/ State and Zip Code For further information concerning this matter, please call: Emmett W Mankin at (904) 434-5518

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee **■\$43.75** Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

of

Della Porta Financial	Advisors. Inc.	2022 JUL 11 Fit 1
	filed with the Florida Dept. of State)	
P080000000	21	
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the fol	lowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
Future Financial Partners	luc.	The new
name must be distinguishable and contain the word "corporation," "cor". "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A j"chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbro professional corporation name must c	eviation "Corp.," contain the word
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable:	NIA	
(Muiling address <u>MAY BE A POST OFFICE BOX</u>)	1.4/4	
		
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	
Name of New Registered Agent N	4	
(Florida stree	t address)	
NIA	. Florida	
New Registered Office Address: (C	ity) , riorida, riorida	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	d 1	tat
I hereby accept the appointment as registered agent. I am familiar with	in and accept the obligations of the pos	uon.
Signature of New Reg	istered 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.

X Change	PT	John Doc	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			~
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 ttach additional sheet	additional Articles, er s, if necessary). (Be s	<u>iter change(s) her</u> pecific)	<u>e</u> :		
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f an amendment pro	vides for an exchange,	reclassification, o	r cancellation of is	sued shares.	
provisions for impler (if not applicable,	nenting t <u>he amendmer</u>	<u>it if not contained</u>	in the amendment	t itself:	
(у погаррисате,					
	N/A				
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The date of each amendment(s) ac	loption:	, if other than the
late this document was signed.		
 Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date	2)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirement partment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without sharel	nolder action and shareholder
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the an flicient for approval.	mendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The follows each voting group entitled to vote separately on the amendme	ing statement ent(s):
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	<u></u>	
·,	(voting group)	
Dated 0.7	108/2022	
selected	rector, president or other officer – if directors or officers have it, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)	
	Emmett W. Mankin (Typed or printed name of person signing)	
	President	
	(Title of person signing)	