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SECRETARY OF STATE
TALLARASSEE, FLORIDA

Our Hany

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SEMINOLE IN	IDIAN FINANCIAL SERVICES, 1
DOCUMENT NUMBER: \$\partial 2000003655	ľ
The enclosed Articles of Amendment and fee are submitte	d for filing.
Please return all correspondence concerning this matter to	the following:
CUENN STOLK (Name of Contact Per	rson)
SEMINALE INDIAN FINANC (Firm/Company)	HAL SERVICES, INC.
3160 NW 114 LN (Address)	
CONAV SPANGS (City/State and Zip C	FL. 33015 code)
For further information concerning this matter, please call:	
(Name of Contact Person) at ((Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable	e to the Florida Department of State:
Certificate of Status Cert (Add	75 Filing Fee & S52.50 Filing Fee ified Copy Certificate of Status ditional copy is Certified Copy closed) (Additional Copy is enclosed)
Amendment Section Amendment Division of Corporations Division P.O. Box 6327 Clifton	Address dment Section on of Corporations n Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

SEMINOUS INDIAN FINA (Name of Corporation as currently POBODO 365	<i>55</i>
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, F following amendment(s) to its Articles of Incorporation	Florida Statutes, this Florida Profit Corporation adopts the ation:
A. If amending name, enter the new name of the	corporation:
"incorporated" or the abbreviation "Corp.," "Inc	contain the word "corporation," "company," or c.," or Co.," or the designation "Corp," "Inc," or must contain the word "chartered," "professional
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	BIG PH 1: 08 HASSEE, FLORDA BOX
D. If amending the registered agent and/or regis new registered agent and/or the new registered	stered office address in Florida, enter the name of the ed office address:
Name of New Registered Agent:	GLENN STORT
New Registered Office Address:	(Florida street address)
<u>C</u>	OPAV SPRINGS, Florida 33015 (City) (Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered age position.	

Page 1 of 3

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>	<u>Name</u>	Address	Type of Action
DIR	WILL LAM T. OSCEPLA	3160 NW 114 LA CORAL SPENCES FL 33065	Add Remove
	·		_ Add Remove
			🗖 Add 🗖 Remove
	idditional sheets, if necessary). (Be specifi		
	mendment provides for an exchange, recla		
	ions for implementing the amendment if not applicable, indicate N/A)	ot contained in the amendment	itself:
			,

The date of each amendment(s) adoption: 2.11.09					
	Effective date if applicable: 2.11.09 (no more than 90 days after amendment file date)				
	(no more than 30 days after amenament file date)				
	Adoption of Amendment(s) (CHECK ONE)				
	The amendment(s) was/were adopted 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"				
	by				
	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 (By a director, president or other officer – if directors or officers have not been selected, by an incorporator of in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)				
	(Typed or printed name of person signing)				
	(Title of person signing)				