

P08000037096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

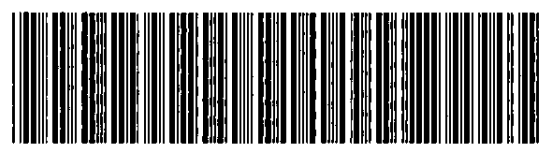
(Business Entity Name)

(Document Number)

Certified Copies  Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



000145506690

03/11/09--0102

FILED  
09 MAR 11 AM 9:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amerel  
Teele  
3-13-09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Equality Financial Services Inc

**DOCUMENT NUMBER:** P08000037096

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

Please return all correspondence concerning this matter to the following:

Kesha Diaz  
(Name of Contact Person)

Equality Financial Services, Inc  
(Firm/ Company)

949 SW Commonwealth Rd.  
(Address)

Port St. Lucie, FL 34953  
(City/ State and Zip Code)

For further information concerning this matter, please call:

Kesha Diaz at (772) 380-2030  
(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:

- \$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)

**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

Equality Financial Services Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

P080000037096

(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:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

949 SW COMMONWEALTH  
Port St Lucie, FL 34953

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

949 SW COMMONWEALTH Rd  
Port St Lucie, FL 34953

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

~~Angel~~ Keshia Diaz

New Registered Office Address:

949 SW Commonwealth Rd.  
(Florida street address)

Port St Lucie, Florida FL 34953  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

Keshia Diaz  
Signature of New Registered Agent, if changing

FILED  
10 MAR 11 AM 9:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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>	<u>Address</u>	<u>Type of Action</u>
VD	Mitchell Benniefield	615 Silver Beach Lake Park, FL 33408	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
STD	Kesha Diaz	10063 SW Glenbrook Port St Lucie, FL 34953	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VD	Kesha Diaz	949 SW, Commonwealth Rd. Port St Lucie, FL 34953	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
 (attach additional sheets, if necessary). (Be specific)

---



---



---



---



---



---



---

**F. If an amendment provides for an 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)

Removal of Mitch Benniefield, reclassify shares to Angel Diaz & Kesha Diaz.  
 Total corporation shares 1500,  
 Kesha Diaz - 750 @ .01  
 Angel Diaz - 750 @ .01

The date of each amendment(s) adoption: 12/19/08

Effective date if applicable: December 19, 2008  
(no more than 90 days after amendment 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 \_\_\_\_\_.”  
(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.

Dated 12/19/08

Signature [Handwritten Signature]  
(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)

Angel Diaz  
(Typed or printed name of person signing)

President  
(Title of person signing)