(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	· #)
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COVER LETTER

TO: Amendment Section Division of Corporations.

NAME OF CORPORATION: SMUW	DeRosa Financia	1 Services Inc.
DOCUMENT NUMBER: <u> </u>	724	
The enclosed Articles of Amendment and fee are	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Dekosa, Shawn		
Mutual Finance	ial Services, <u>ENC</u>	
429 E. Sherida Dania Beach F	Address 1 33004 USA y/ State and Zip Code	
E-mail address: (to be used	for future annual report notification)	
For further information concerning this matter, p MOVIC HAJEC Name of Contact Person		41 phone Number
Enclosed is a check for the following amount ma	ade payable to the Florida Depart	ment of State:
\$35 Filing Fee \$\times \text{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	LEN
of 201	9 DEC
Shawn Derosa Financial Services Inc.	To 21 AM 0.
(Name of Corporation as currently filed with the Florida Dept. of State)	HASSY OF STOR
(Document Number of Corporation (if known)	- SEE, FLORIDA
(= component (in this mit)	-04

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

mutual Financial Ser name must be distinguishable and contain	vices In	IC.	The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pr	e designation "(Corp." "Inc." or "Co	". A professional corporation
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE		NA	<u> </u>
•			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		NA	
D. If amending the registered agent and/or new registered agent and/or the new reg			enter the name of the
Name of New Registered Agent:	NA		
New Registered Office Address:	(Flo.	rida street address)	
	(City	,	, Florida (Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registered			the obligations of the position.
	NA.		
	Signature of Nev	v Registered Agent, if a	rhanging

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>	Name	Address	Type of Action
MA_			
			
(attach ada	ng or adding additional Articles, enter litional sheets, if necessary). (Be spec	ific)	
provision	endment provides for an exchange, rec is for implementing the amendment if applicable, indicate N/A)		

The date of each amendment(s	adoption: 12/10/09
	(Acte of adoption is required)
Effective date <u>if applicable</u> :	no more than 20 uayo ane, amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	·"
(1	Poting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated	2-10-09
Signature	ShaumDelosa
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	Shawn DeRosa (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President
	(Title of person signing)