P09000101046

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2010 OCT - 1 AM 11: 34
SECRETARY OF STATE
ALLABASSEF, ET OBIO

Amend

OCT -5 2010

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION: Financia	al Management Group of Sa	arasota, INc.
DOCUMENT NU	JMBER:	P09000101046	
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning the	is matter to the following:	
		alph P Lebkuecher	
	N	lame of Contact Person	
	Financial Mana	gement Group of Sarasota, Inc.	
		Firm/ Company	
	70	018 Coachlight St.	
		Address	
		arasota, FL 34243	
	C	ity/ State and Zip Code	
	ralph_ E-mail address: (to be use	leb@Verizon.net d for future annual report notification)	
For further inform	ation concerning this matter,	please call:	
Ra	lph P Lebkuecher	at (941) 23	2 1521
Name	of Contact Person	Area Code & Daytime Telep	phone Number
Enclosed is a chec	k for the following amount n	nade payable to the Florida Departm	nent of State:
	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Fiting Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	
1 4114114550	v, I Li J2J14	2001 Executive Cellier Circle	

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

Financial Management Group of Sarasota, Inc.

P09000101046

•	to Articles of Incorporation	
•	of	Cala Or
Financial Manag	ement Group of Sarasot	a, Inc. Dept. of State A Sta
(Name of Corporation as	currently filed with the Florida I	Dept. of State)
	P09000101046	
(Document	Number of Corporation (if known)
suant to the provisions of section 607 andment(s) to its Articles of Incorporation		ida Profit Corporation adopts the fo
If amending name, enter the new name	me of the corporation:	
		The nev
Enter new principal office address, if	fapplicable:	
ne must contain the word "chartered," Enter new principal office address, if incipal office address MUST BE A ST Enter new mailing address, if applic (Mailing address MAY BE A POST O	f applicable: REET ADDRESS)	
Enter new principal office address, if incipal office address MUST BE A ST. Enter new mailing address, if applic (Mailing address MAY BE A POST Office) If amending the registered agent and new registered agent and/or the new	[applicable: PREET ADDRESS] Table: PFICE BOX Jor registered office address in Fregistered office address:	
Enter new principal office address, if incipal office address MUST BE A ST Enter new mailing address, if applic (Mailing address MAY BE A POST O	f applicable: FREET ADDRESS) able: FFICE BOX //or registered office address in F	
Enter new principal office address, if incipal office address MUST BE A ST Enter new mailing address, if applic (Mailing address MAY BE A POST Office address MAY BE A POST Office address agent and new registered agent and new registered agent and new registered agent and new Post of New Registered Agent:	Applicable: REET ADDRESS Sable: FFICE BOX Vor registered office address in Firegistered office address: Ralph P Lebkuecher 15661 San Carlos Blvd.	Clorida, enter the name of the
Enter new principal office address, if incipal office address MUST BE A ST. Enter new mailing address, if applic (Mailing address MAY BE A POST Office) If amending the registered agent and new registered agent and/or the new	(applicable: (REET ADDRESS) (able: (FFICE BOX) (I/or registered office address in Fregistered office address: (Ralph P Lebkuecher	Clorida, enter the name of the
Enter new principal office address, if incipal office address MUST BE A ST. Enter new mailing address, if applic (Mailing address MAY BE A POST Office) If amending the registered agent and new registered agent and/or the new Name of New Registered Agent:	Applicable: REET ADDRESS Sable: FFICE BOX Vor registered office address in Firegistered office address: Ralph P Lebkuecher 15661 San Carlos Blvd.	Clorida, enter the name of the

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>	Type of Action
Directo	James Hadsell	11005 Indian Trails Suite # 101 Dallas, TX 75229	
			Add Remove
(anach ac	lditional sheets, if necessary). (E	e specific)	
provisio		nge, reclassification, or cancellation nent if not contained in the amendi	

The date of each amendmen	t(s) adoption: <u>09/</u>	/23/2010
Effective date if applicable:	09/23/2010	(date of adoption is required)
	(no more than 90	0 days after amendment file date)
Adoption of Amendment(s)	СН	ECK ONE)
The amendment(s) was/we by the shareholders was/w		shareholders. The number of votes cast for the amendment(s) pproval.
		e shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amend	lment(s) was/were sufficient for approval
by	(voting group)	, 99
action was not required.	ere adopted by the	board of directors without shareholder action and shareholder incorporators without shareholder action and shareholder
Dated 09/2 Signature	Malla	ent or other officer – if directors or officers have not been corator – if in the hands of a receiver, trustee, or other court y that fiduciary)
		Ralph P Lebkuecher
	(1yp	ped or printed name of person signing)
		ole Stockholder, Owner, CEO
	(Title of	person signing)