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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
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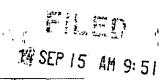
$\underline{\text{COVER LETTER}}$

TO: Amendment Section

Division of Corporations

NAME OF CORPOR	ATION: Financial Debt	Relief Group Inc			
DOCUMENT NUMB	ER:P1000002643	35			
The enclosed Articles of	f Amendment and fee are st	abmitted for filing.			
Please return all corresp	ondence concerning this ma	nter to the following:			
		Nakia Adams			
-	Name of Contact Person				
		Financial Debt Relief Group Inc			
		1080 Cypress Parkway #1147			
-		Address			
		Kissimmee FL 34758			
	A STATE OF THE PARTY OF THE PAR	City: State and Zip Code			
For further information	E-mail address: (to be use concerning this matter, please	Capitalfundsonline@gmail.com sed for future annual report notification) se call:			
Nakia Adams		at (877) 490-7744			
Name of Contact Person		at (at (877)490-7744 Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Department of State:			
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & □S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)			
Amer Divis P.O.	ing Address adment Section ion of Corporations Box 6327 bassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment 10 Articles of Incorporation οf Financial Debt Relief Group Inc



(Name of Corporation as currently filed with the Florida Dept. of State)

P10000026435

lment(s) to

(Document Number	of Corporation (if know	n) '-	
Pursuant to the provisions of section 607,1006, Flor its Articles of Incorporation:	rida Statutes, this <i>Florida</i>	a Profit Corporation a	dopts the following amendme
A. If amending name, enter the new name of the	corporation:		
			The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	rp," "Inc," or "Co"	ompany," or "incorp A professional corpor	orated" or the abbreviation ation name must contain the
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 I	<u>BOX</u>)		•
D. If amending the registered agent and/or registered agent and/or the new registered.		Florida, enter the na	· · · · · · · · · · · · · · · · · · ·
			-
	(Florida street add)	(VOV)	-
New Registered Office Address:		Florida	
	(City)	. 7 18 (18)	(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		d accept the obligation	es of the position.

Signature of New Registered Agent, if changing

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)

Please note the officer/director title by the first letter of the office title:

 $P \approx President; V \approx Vice President; T \approx Treasurer; S \approx Secretary; D \approx Director; TR \approx Trustee; C \approx Chairman or Clerk; CEO \approx Chief Executive Officer; CFO \approx Chief Financial Officer, If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

Changes should be noted in the following manner. Currently John Doc 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 Doc, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: \underline{X} Change	PT John	n Doc	
X Remove	V Mik	te Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	Р	Sondra Elizondo	1080 Cypress Parkway
Add			Kissimmee, FL 34759
X Remove			
2) Change	Р	Shawn Adams	1080 Cypress Parkway
X Add			Kissimmee, FL 34759
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
<u> </u>			
5) Lange Change			
Add			
Remove			
6) Change			· ·-·· · · · · · · · · · · · · · · ·
Add			
Remove		•	

Attach additional sheets, if n	CCC55(011).	ABe specific	1			
		or specific	,			
				-		
						
			<u></u>		··································	
						
		-	···			
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If an amendment provides	for an exch	ange, reclass	sification, or	cancellation of	of issued shar	res.
If an amendment provides provisions for implementi	for an exchang the amer	ange, reclass	sification, or o	cancellation of the amendn	of issued shar tent itself:	res,
provisions for implementi	ng the amer	ange, reclass adment if no	sification, or o	rancellation of the amenda	of issued shar tent itself:	res,
If an amendment provides provisions for implementi- (if not applicable, indic	ng the amer	ange, reclass	dfication, or o	rancellation of the amendn	of issued shar tent itself:	ees,
provisions for implementi	ng the amer	ange, reclass	ification, or . t contained in	cancellation of the amendn	of issued shar tent itself:	e <u>es.</u>
provisions for implementi	ng the amer	ange, reclass	ification, or o	ancellation (, the amendn	of issued shar rent itself:	es,
provisions for implementi	ng the amer	ange, reclass	ification, or t	cancellation of the amenda	of issued shar tent itself:	TS,
provisions for implementi	ng the amer	ange, reclass	sification, or g	cancellation () the amendn	of issued shar ient itself:	es.
provisions for implementi	ng the amer	ange, reclass	sification, or a	cancellation () the amendn	of issued shar tent itself:	es.
provisions for implementi	ng the amer	ange, reclass	sification, or o	cancellation (1 the amendn	of issued shan ient itself:	es.
provisions for implementi	ng the amer	ange, reclass	sification, or o	cancellation (), the amendn	of issued shan tent itself:	es.
provisions for implementi	ng the amer	ange, reclass	sification, or o	ancellation (the amendn	of issued shan nent itself:	es.
provisions for implementi	ng the amer	ange, reclass	sification, or o	cancellation (), the amendn ———————————————————————————————————	of issued shan nent itself:	es.
If an amendment provides provisions for implementi (if not applicable, indic	ng the amer	ange, reclass	sification, or o	cancellation of the amendn	of issued shan tent itself:	us,
provisions for implementi	ng the amer	ange, reclass	ification, or o	ancellation of the amendn	of issued shar	us,
provisions for implementi	ng the amer	ange, reclass	ification, or a	ancellation of the amendn	of issued shan tent itself:	TS,
provisions for implementi	ng the amer	ange, reclass	sification, or t	ancellation o	of issued shan tent itself:	TS,

The date of each amendment(s	09/10/2014	, if other than the
date this document was signed.		
Effective date if applicable:	09/10/2014	
	(no more than 90 days after 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 east for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	ast for the amendment(s) was/were sufficient for approval	
by	(voting 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	09/10/2014	
Signaturo	haw Adams Shawn Adams	
(By sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court officery by that fiduciary)	_
	Shawn Adams	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

Page 4 of 4