000005952

| (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



200196710132

03/10/11--01008--018 **35.00

Amend & M/c
TBrown 3-11-11

COVER LETTER

TO: Amendment Section , Division of Corporations

| NAME OF CORPO | ORATION: | CRIS CREDI | T CENTER COR | PORATION | |
|--|--|-------------------------|--|---|--|
| DOCUMENT NUM | ИВЕR: | | P10000059524 | 4 | |
| The enclosed Articles of Amendment and fee are submitted for filing. | | | | | |
| Please return all corr | respondence conce | rning this matter to | the following: | | |
| _ | | ELIZABETH KA | | | |
| | | Name of Cont | act Person | | |
| _ | | GCI | 1 | | |
| Firm/ Company | | | | | |
| | 250 NW 23RD ST. UNIT 205 | | | | |
| Address | | | | | |
| | | MIAMI, FL | . 33127 | | |
| | City/ State and Zip Code | | | | |
| EK@GETCREDITHEALTHY.COM E-mail address: (to be used for future annual report notification) | | | | | |
| | | ` | • | | |
| For further informati | ion concerning this | matter, please call | : | | |
| | ETH KARWOWS | KI at (_ | | 420-2121 | |
| Name of | f Contact Person | | Area Code & Daytime T | elephone Number | |
| Enclosed is a check | for the following a | mount made payab | le to the Florida Depa | artment of State: | |
| ☑ \$35 Filing Fee | \$43.75 Filing Fee Certificate of Sta | tus Cer | .75 Filing Fee & tified Copy ditional 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 | | Amer Divis Clifto | t Address Indment Section It is is a contraction of Corporations It is a contraction on Building Executive Center Circ | cle | |

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

2011 MAR 10 PM 3:37 C.R.J.S. CREDIT CENTER CORPORATION (Name of Corporation as currently filed with the Florida Dept. of State) (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:

| GLIVIII | NI CAPITAL INC. | The n |
|--|---|--|
| ame must be distinguishable and contain bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "pro | e designation "Corp," "Inc," or | pany," or "incorporated" or "Co". A professional corporat |
| . Enter new principal office address, if app Principal office address MUST BE A STREE | | |
| Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI | | |
| If amending the registered agent and/or 1 | | da, enter the name of the |
| new registered agent and/or the new regi | stered office address: | |
| new registered agent and/or the new regi | stered office address: | |
| | (Florida street address: | |
| Name of New Registered Agent: | (Florida street address | , Florida |
| Name of New Registered Agent: | | |
| Name of New Registered Agent: New Registered Office Address: ew Registered Agent's Signature, if changing | (Florida street address (City) ng Registered Agent: | , Florida (Zip Code) |
| Name of New Registered Agent: New Registered Office Address: | (Florida street address (City) ng Registered Agent: | , Florida (Zip Code) |

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 |
|----------------|---|--|-----------------------|
| Pres. | Elizabeth Karwowski | PO BOX 545965 MIAMI BEACH, FL 33154 | _ ☑ Add _ □ Remove |
| PRES. | GEMINI CAPITAL INC | 250 NW 23RD ST. UNIT 205 MIAMI FL 33127 | _ ☐ Add _ ☑ Remove |
| | | | _ |
| | ding or adding additional Articles, end dditional sheets, if necessary). (Be specified the specified of the | | |
| | | | |
| <u>provisi</u> | mendment provides for an exchange, ons for implementing the amendment of applicable, indicate N/A) | | |
| | | | |
| | | | |
| | | | |

| The date of each amendment | (s) adoption: 3-1-2011 |
|--|---|
| | (date of adoption is required) |
| Effective date if applicable: | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) |
| The amendment(s) was/we by the shareholders was/we | re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval. |
| | re approved by the shareholders through voting groups. The following statemend 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) |
| action was not required. | re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder |
| action was not required. | te adopted by the meorporators without shareholder action and shareholder |
| Dated 2-28 | -2011 |
| 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 ointed fiduciary by that fiduciary) |
| | ELIZABETH KARWOWSKI |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person signing) |