P1000064833

((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	s to Filing Officer:		





100254219091

12/05/13--01009--021 **43.75



COVER LETTER

TO: Amendment Section Division of Corporations

	T & G Fina		IC		
DOCUMENT NUME	BER: P1000006483	<u> </u>			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	Please return all correspondence concerning this matter to the following:				
	Teshler P Senat				
		Name of Contact Person	1		
	T & G Financial S	Services Inc			
		Firm/ Company			
	20295 NW 2nd A	ve ste 304			
		Address			
	Miami FL 33169				
		City/ State and Zip Code	2		
tse	nat76@gmail.com	1			
		sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
Teshler P Senat		at (407	7806354		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check fo	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		Amend Divisio	Address Iment Section on of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of

1 & G Financial Services Inc		
(Name of Corporation as currently filed with the Flo P1000064833	orida Dept. of State)	
(Document Number of Corporation (if	known)	_
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	·	ving amendment(s) to
A. If amending name, enter the new name of the corporation:		
Senat & Associates, Inc		The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name mus	abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	— 13 P.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		C-5 PHII:47
D. If amending the registered agent and/or registered office address: Name of New Registered Agent N/A	ss in Florida, enter the name of the	_
(Florida stree	et address)	
New Registered Office Address: (City)	, Florida(Zip Code)	_
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi		7.

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 = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = 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 <math>PTD.

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

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	-
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)
N/A	
F. If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
N/A	

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable: 12/02/2013	
(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)	
(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/ 02/ 2013	
Signature Divil	
(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)	
Teshler P Senat	
(Typed or printed name of person signing)	
President	
(Title of person signing)	