

P10000082023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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04/04/11--01019--022 **35.00

FILED
11 APR 14 AM 9:56

Amend.
04/15/11
De



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 6, 2011

NADINE POLYCARD
MAXIMUM PORTFOLIO SERVICES CORPORATION
2703 N. ANDREWS AVE.
WILTON MANORS, FL 33311

SUBJECT: MAXIMUM PORTFOLIO SERVICES CORPORATION
Ref. Number: P10000082023

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

PLEASE COMPLETE PAGE 2 OF THE DOCUMENT.

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 411A00008335

RECEIVED
PM 8:02
TALLAHASSEE, FLORIDA
APR 11 2011

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MAXIMUM PORTFOLIO SERVICES CORP.

DOCUMENT NUMBER: P000082023

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NADINE POLYCARD

Name of Contact Person

MAXIMUM PORTFOLIO SERVICES CORP.

Firm/ Company

2703 N ANDREWS AVENUE

Address

WILTON MANORS, FL 33311

City/ State and Zip Code

maximumportfolio@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NADINE POLYCARD

Name of Contact Person

at (954)

661-5130

Area Code & Daytime Telephone Number

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
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
of

MAXIMUM PORTFOLIO SERVICES CORPORATION

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

P10000082023

(Document Number of Corporation (if known))

11 APR 14 AM 9:56
P11 0300

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

A. If amending name, enter the new name of the corporation:

N/A

The new

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
*(Principal office address **MUST BE A STREET ADDRESS**)*

2703 N ANDREWS AVENUE

WILTON MANORS, FL 33311

C. Enter new mailing address, if applicable:
*(Mailing address **MAY BE A POST OFFICE BOX**)*

2703 N ANDREWS AVENUE

WILTON MANORS, FL 33311

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

NADINE POLYCARD

New Registered Office Address:

2703 N ANDREWS AVENUE

(Florida street address)

WILTON MANORS

(City)

Florida 33311

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>DIR</u>	<u>CAROL GREGOIRE</u>	<u>113 NE 16TH STREET</u> <u>FORT LAUDERDALE, FL 33304</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>DIR</u>	<u>NADINE POLYCARD</u>	<u>2703 N ANDREWS AVENUE</u> <u>WILTON MANORS, FL 33311</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>DIR</u>	<u>NATASHA PHANOR</u>	<u>2703 N ANREWS AVENUE</u> <u>WILTON MANORS, FL 33311</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

NA

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

NA

The date of each amendment(s) adoption: 03/01/2011
(date of adoption is required)

Effective date if applicable: _____
(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):

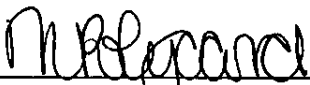
“The number of votes cast for the amendment(s) was/were sufficient for approval

by _____.”
(voting group)

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 03/01/2011

Signature 
(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)

NADINE POLYCARD
(Typed or printed name of person signing)

DIRECTOR
(Title of person signing)