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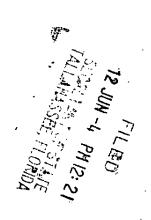


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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Venlan	d Financial,	Inc.
DOCUMENT NUMB	ation: <u>Newland</u> er: <u>P12000</u>	024011	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
-		City/ State and Zip Code	th, suite 600 401
For further information	E-mail address: (to be us concerning this matter, pleas	sed for future annual report se call:	notification)
	-		602 - 1330 de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
<u>Mail</u>	ling Address	<u>Street</u>	Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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Articles of Ame	endment	. And	73
' ' to	moration		Ē
Articles of Incor of	poración	52.45	<u> </u>
Newland Financial, Inc.		SEL	L PH
(Name of Corporation as currently filed with the Flor	rida Dept. of State)	<u> </u>	<u> </u>
PIZOCOCACIO II	•	2	2
(Document Number of Corporation (if k	nown)	S IT	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the	following an	nendment(s) to
A. If amending name, enter the new name of the corporation:			
		The	e new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation nan	or the abbre	eviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	500 Australian A Suite 600	lue Soc	th
	Lust PamBeach, FL	33401	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	500 Australian A	<u>ve S</u> cu-	th
	Suite 600		
	West Paln Beuch, F	L3340	١١
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the		
	same as 1. sted )/n		rye
500 Australian (Florida street	n Ave South, Suite ( address)  . Florida 330	,00	
New Registered Office Address: West Palm Beach (City)	^, Florida <u>330</u>	Code)	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the p	oosition.	
Signature of New Registered Ag	ent, 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 = 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 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	PT John Doe	
X Remove	<u> </u>	
_X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
Change Add Remove	CEO John King	500 Australian Avenue South Suite 600 West Palm Beach, FL 33401
2) Change Add Remove		
3 ) Change Add Remove	·	
4) Change Add Remove	<del> </del>	······································
5) Change Add Remove		· ·
6) Change Add Remove	· · · · · · · · · · · · · · · · · · ·	

attach additiona	adding additional Ar al sheets, if necessary).	. (Be specific)			
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provisions for i	nt provides for an exc implementing the am licable, indicate N/A)	change, reclassi endment if not	fication, or can contained in th	cellation of issue te amendment its	d shares, elf:
			··· · · · · · · · · · · · · · · · · ·		
			•		

The date of each amendment(s) adoption: 5/29/2012
Effective date if applicable: 5/29/AOI 2
(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 5/29/2012
Signature Miles
(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)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
CEO/Founder
(Title of person signing)