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SECRETARY OF STATE

TALL LEAVESCE CLOSES

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> **SEP** 3 0 2015 **D CONNELL**

COVER LETTER

TO: Amendment Section Division of Corporations

The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Leydi Ciriaco Name of Contact Person DE LA CRUZ FINANCIAL SERVICES INC. Firm/Company 1701 W. Flagler St. Ste 320 Address Miami FL 33127 City/ State and Zip Code Leydia 23 & Yaha Common Concerning this matter, please call: Leydi Ciriaco Name of Contact Person at (180) 558-5462 Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State:	NAME OF CORPORAT	TION: DE LACE	RUZ FINANC	IAL SERVICES	Inc
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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

Articles of Amendment

Articles of A	mendment
· to Articles of Inc of	
DE LACRUZ FINACIALSE	ENTRES TOCKE PH 3
(Name of Corporation as current)	v filed with the Florida Dept. of State)
P12000030549	LOSTA CONTRACTOR
	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
DE LA CRUZ FINACIALS & =	Insurance Inc The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered," "professional association," or the abbreviation	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the 'P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	4888 NW 183rd St. Ste. 111
C. Enter new mailing address, if applicable:	miami gardens FL 33055 4888 NW 183rd St.
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	5te. 111
	miami gardens fl 33055
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent LEVDI	CIRIACO
4888 (Florida str	NW 183rd St. Ste. 111 vet address)
New Registered Office Address: Marie	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar to	
Spo last	- Dage for Sign.
Signature of New F	Registered Agent, if changing
Digitaliare of them is	Commence Light of 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	<u>PT</u>	John Do	<u>se</u>		
X Remove	<u>v</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name		Address
l) Change					
Add					
Remove					
2) Change					
Add					
Remove					
3) Change		 -			
Add					
Remove					
4) Change		_			
Add					
Remove			•		
5) Change					
Add					
Remove					
6) Change				_	
Add					
Demove					

ttach additional sheets, if neces	al Articles, enter change(s) here: sary). (Be specific)
	ALL ADDRESSES FOR THE
	CORPORATION HAVE CHANG
	TO:
	4888 NW 183RD STREET
	SUITE III
	MIAMI GARDENS, FL
	33055
	· · · · · · · · · · · · · · · · · · ·
f an amendment provides for a	nn exchange, reclassification, or cancellation of issued shares, ne amendment if not contained in the amendment itself:
(if not applicable, indicate	N/A)
·	
	•
	

The date of each amendment(s) a	doption:	, if other than the
late this document was signed.	1 1	
Effective date <u>if applicable</u> :	9/1/2015	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this locument's effective date on the De	block does not meet the applicable statutory filing requirements epartment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the ame ufficient for approval.	endment(s)
	proved by the shareholders through voting groups. The following reach voting group entitled to vote separately on the amendmen	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	,
	(voting group)	
action was not required. The amendment(s) was/were ad	opted by the board of directors without shareholder action and sl	
action was not required.		
Dated9	1/2015.	
Signatura La	ydi Ciriaco	
(By a c	director, president or other officer – if directors or officers have r	not been
	ed, by an incorporator - if in the hands of a receiver, trustee, or o	other court
appoir	nted fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	· · · · · · · · · · · · · · · · · · ·	0 1
	President Registered	1 Agent
	(Title of person signing)	\mathcal{O}