P130000555509

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COVER LETTER

Division of Corporations
NAME OF CORPORATION: South Florida Financial Aduisors, Incomment number: P13 0000 55509
DOCUMENT NOMBERS. 12 OCIOST COS = 1
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sandra Harck Name of Contact Person
South Horida Financial Advisors, Inc
1580 NE 43 Ct- Address
Pempano Seach 72 33064 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sarcha Lack at (954) 226-2890 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:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is Certified Copy

enclosed)

Mailing Address

TO: Amendment Section

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

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of

South Florida Financia	a) Advisors Inc
(Name of Corporation as currently	filed with the Florida Dept. of State)
P130000 55509	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	dorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co.	o". 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 <u>MUST BE A STREET ADDRESS</u>)	1580 NE 43 CI
	Hompano Dead + Lz
	3306.42
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	20 0
D. I.C. and J. a	in Florida autor the name of the
D. <u>If amending the registered agent and/or registered office address</u> new registered agent and/or the new registered office address:	ss in Prorida, enter the name of the
Name of New Registered Agent HACK, SA	LICEA A. Dragchout
Same (Florida stree	t address)
New Registered Office Address: WIN - SA	
	(Zip 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 position.
Signature of New Rea	gistered Agent, if changing
Signature of them Key	Saleren rigerit, if enunging

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>oe</u>		^	
X Remove	$\underline{\mathbf{v}}$	Mike Jo	nes	Λ.	(()	
_X Add	<u>sv</u>	Sally Sn	nith	4,	M	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>			Address
1) Change		_				
Add						
Remove						
2) Change	·	_				
Add						- The state of the
Remove						
3)Change		_		•		
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Remove						
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5) Change						
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Remove						No. company company.
6) Change						
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If an amandm	ent provides for an exc	hanga waalaasif	iaatian ay aan	colletion of ice	und shawas	
provisions fo	r implementing the ame	endment if not c	contained in th	e amendment	itself:	
(ij not ap _i	plicable, indicate N/A)					
	W)A					
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	* * _ ********************************			<u>-</u> .		

The date of each amendment(s) adoption:	, if other than the
21)	
Effective date if applicable: 4/4/17 (no more than 90 days after amendment file date)	
(no more mun 20 uuys after amenament file ane)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	: will not be listed as th
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):	t
"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 414/17	
Signature On the A. Isack (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)	
(Title of person signing)	