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SECRETARY OF STATE
TALLAHASSEE FERRING.

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COVER LETTER

1,

TO: Amendment Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: HUMANITY FINANCIAL MULTI SERVICES INC DOCUMENT NUMBER: 213000060255
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
RODDY LEON Name of Contact Person Humanty Financial Multi Services Pirm Company
Address Address
MiBMI FL 33161 City/State and Zip Code 21 LIESC REATE (2 222)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: According to the following amount made payable to the Florida Department of State:
S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Fig.	orida Dept. of State)
HUMANTY FINANCIAL My (Document Number of Corporation (if	HI SERVICES INC.
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida 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 "Coword "chartered," "professional association," or the abbreviation "F. B. Enter new principal office address, if applicable:	Co". A professional corporation name must contain the
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	ste 607 Miami FL 33162
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECRE ANY 12 SECRE ANY 12 ALLAHASSE
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent BEATRICE 633 NE 16	CABRALE 5 55
New Registered Office Address: North Minny (City)	et address) 1 BeaCh - Florida 33162 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the signature of New Registered Agent. Signature of New Registered Agent:	

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.

<u>X</u> Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	mith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	SV	_	BEATRICE CABRALE	633 NE 16745
Remove				N.M.B FL33162
2) Change		_		
Add Remove				
3) Change		_		
Remove				
4) Change				
Add Remove				
5) Change		_		
Add Remove				
6) Change		_		
Add				
Remove				

	<u>icles, enter change(s) here</u> : (Be specific)
-	· · · · · · · · · · · · · · · · · · ·
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9-89-84- Altre-	
of an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the aine	Home I not contained in the ginendinent issuit
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: Thurs day 8, OF May. Joly . if other than the date this document was signed.
Effective date if applicable: Thurs day 8 May 0 F 2014 (no more than 90 days after amendment file date)
(no more man 90 days after amenagem 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 pumper of votes cast for the amendment(s) was/were sufficient for approval
by KOODY EOM ." (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 05-08- 201
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)
(Typed or printed name of person signing)
Pctn
(Title of person signing)