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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: B&G Publis	hing, Inc.		
DOCUMENT NUME	BER: P1300006072	3		
	of Amendment and fee are sul			
Please return all corres	pondence concerning this mat	ter to the following:		
	Aaron Bubley			
	•	Name of Contact Person		
	B&G Publishing,	lnc.		
	<u> </u>	Firm/ Company		
	1000 South Point	e Dr. #608		
		Address		
	Miami Beach, FL	33139		
City/ State and Zip Code				
abu	ıbley@gmail.com			
	E-mail address: (to be us	ed for future annual report i	notification)	
For further information	n concerning this matter, pleas	e call:		
Aaron Bubley	/	_{at (} 813	, 909-6887	
Name of Contact Person		at (813) 909-6887 Area Code & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made p	payable to the Florida Depar	rtment of State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
<u>Mai</u>	ling Address	Street A	Address	
	endment Section		nent Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

B&G Publishing, Inc.		
(Name of Corporation as currently filed with the Florid	da Dept. of State)	
P13000060723		
(Document Number of Corporation (if kno	own)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flori</i> its Articles of Incorporation:	rida Profit Corporation adopts the following	amendment(s) to
A. If amending name, enter the new name of the corporation:		
Juntos Financial, Inc.		The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". word "chartered." "professional association," or the abbreviation "P.A. B. Enter new principal office address, if applicable:	'. A professional corporation name must co	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	SECRETAF PHYISIBN OF 13 OCT 1
D. If amending the registered agent and/or registered office address i new registered agent and/or the new registered office address: Name of New Registered Agent Name of New Registered Agent	in Florida, enter the name of the	S AM IO: 45
(Florida street ac	uddress)	
New Registered Office Address: N/A	, Florida(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with a Signature of New Registered Agent		

E. <u>If am</u>	ending or adding additional A	rticles, enter cha	nge(s) here:		
(Attac	ch additional sheets, if necessary). (Be specific)			
•	Alla.				
	N/A				
					
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If on	amendment provides for an e	vohanga raclassif	ication or cancall	lation of iccuad char	06
. <u>11 411</u>	visions for implementing the a	mandment if not	ontoined in the e	mandmant itealf	CS,
prov	(if not applicable, indicate N/A)	nenament ii not c	ontained in the a	menament usen.	
	(i) not applicable, marcule IVA				
	N /A				
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