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## **COVER LETTER**

TO: Amendment Section Division of Corporations
Symboley Financial INC.
Name of Corporation
DOCUMENT NUMBER: P14000042477
The enclosed Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ROBERTA A ROUSSEAU  Name of Contact Person
SYMBOLEY FINANCIAL INC. Firm/Company  3500 MYSTIC POINTE DR #2302  Address
3500 MYSTIC POINTE DR #2302
AVENTURA, FL, 33180 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address. (to be used for future aimual report notification)
For further information concerning this matter, please call:
Roberto & Rousseau at (305) 792-2500  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$35.00 Filing Fee  \$43.75 Filing Fee & Certificate of Status  \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)

Mailing Address:
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

## **Articles of Amendment** Articles of Incorporation

## Symboley Financial INC. (Name of Corporation as currently filed with the Florida Dept. of State)

P.140000	042477					
		rporation (if known)				
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	atutes, this Floa	rida Profit Corporation	adopts the follo	owing amen	idment	(8) to
A. If amending name, enter the new name of the corner Symboley Tra	oration: Lining	INC.		The	new	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association." or the abb	"corporation," "Inc," or "Co"	"company." or "inco ". A professional corp		he abbrevio	ution	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u>::::::</u> ) -				<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	-					
	-			TALLAH TALLAH	16 SC	per fluit en
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		in Florida, enter the r	name of the	ASSEE O	-6 -6	yarin S
Name of New Registered Agent			· · · · · · · · · · · · · · · · · · ·	- 100 - 100	Ċò	
<del></del>	(Florida street e	uddress)	·	—————————————————————————————————————	ល	
New Registered Office Address:	(Cii	ייי	, Florida	(Zip Code)		
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I a		and accept the obligat	ions of the posit	ion.		
Signatu	re of New Regi	stered Agent, if changin	<u>.</u>	<del></del>		

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:  $V = Vicc\ President$ : 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	PI	John Do	<u>De</u>	
X Remove	¥	Mike Jo	ones.	
_X Add	<u>\$Y</u>	Sally St	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Address</u>
1) Change		_		
Add				
Remove				
2) Change		_		
Remove				
3) Change		<del></del>		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

amending of Attach addition	r adding additional Artic ral sheets, if necessary).	eles, enter change(s (Be specific)	s) here:		
<u>.</u>					
				- <u></u>	
	<u> </u>	<u> </u>			
		······································	<del></del>	<del></del>	
					·
			·····		
provisions fo	ent provides for an exchir r implementing the amer plicable, indicate N/A)	ange, reclassificati adment if not conta	on, or cancellation ined in the amend	of issued shares. ment itself:	

The date of each amendment(s) ad	option: 8/30/16	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendmen.	t file date)
Note: If the date inserted in this bidocument's effective date on the Dep	ock does not meet the applicable statutory filing records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were suf	oted by the shareholders. The number of votes cast for approval.	or the amendment(s)
The amendment(s) was/were appropriately provided for	oved by the shareholders through voting groups. The act voting group entitled to vote separately on the a	e following statement amendment(s):
	or the amendment(s) was/were sufficient for approva	1
by	(voting group)	"
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	ted by the board of directors without shareholder act	tion and shareholder
The amendment(s) was/were adopaction was not required.	ted by the incorporators without shareholder action a	and shareholder
Dated 8	30/2016	
Signature R	berta & Roussian	
(By a di	ector, president or other officer - if directors or offic	
	<ul> <li>by an incorporator - if in the hands of a receiver, trad fiduciary by that fiduciary)</li> </ul>	ustee, or other court
	Roberta A Rousse	au
	(Typed or printed name of person signing)	
_	President	
	(Title of person signing)	