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R. WHITE AUG 2 0 2018 2018 AUG 17 AM 10: 28 SECRETARY OF STATE TALLAHASSEF, FI

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SARMENTO FIN	IANCIAL, INC.			
DOCUMENT NUME	BER: P14000049162				
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	JUSTIN RAY				
		Name of Contact Person	n		
	TLHA ENTERPRISES INC				
		Firm/ Company			
	4624 OAK LEAF DR.				
		Address			
	NAPLES, FL 34119				
For further information	E-mail address: (to be us	sed for future annual report	AMAIL.COM		
JUSTIN RAY		239 at (777-1740		
Name of Contact Person		at (239) 777-1740 Area Code & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	☐552.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address			Address		
	endment Section sion of Corporations		Iment Section		
	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

FILED

2018 AUG 17 AM 10: 25

SARMENTO FINANCIAL, INC.	CE AIT 10: 25
(Name of Corporation	as currently filed with the Florida Dent of State) OF STATE
P14000049162	MELAHASSEE, FL
(Document	t Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Stits Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpo	oration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the breviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u></u>
	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe	ered Agent:
	m familiar with and accept the obligations of the position.
Signatu	ire of New Registered Agent, if 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.

<u>X</u> Change	<u>PT</u> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> Sali	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1)Change	VP, Dire	MARISA EDWARDS	5555 GOLDEN GATE PARKWA
Add			SUITE 119
X Remove			NAPLES, FL 34116
2) Change	<u></u>		
Add			
Remove			
3) Change			
Add			
Remove			<u> </u>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary,	rticles, enter ch). (Be specific)			
			 -		
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		ter	n		
an amendment provides for an ex rovisions for implementing the an	cnange, rectass nendment if not	incation, or can contained in th	ie amendment i	<u>icd snares,</u> tself:	
(if not applicable, indicate N/A)					

					<u> </u>
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The date of each amendment(s) adoption:, if of date this document was signed.	ther than the
·	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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 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 Signature (By a director, presidence) 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)	
RICHARD EDWARDS	
(Typed or printed name of person signing)	ha warene
PRESIDENT	
(Title of person signing)	