## P14000066802

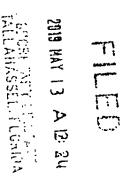
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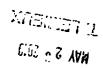
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## **COVER LETTER**

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**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: AMBAR FIN	NANCIAL SERVICES CORP	
DOCUMENT NUMBER: P14000066802		
The enclosed Articles of Amendment and fee a	are submitted for filing.	
Please return all correspondence concerning the	is matter to the following:	
DEVORA CRUZ		
, <u></u> , <u></u>	Name of Contact Perso	n
AMBAR FINANCIAL	SERVICES CORP	
	Firm/ Company	·
1897 PALM BEACH L	AKES BLVD S 207	
	Address	
WEST PALM BEACH	FL 33409	
-	City/ State and Zip Cod	e
DEVORACRUZ@BELLSOU	JTH.NET	
	be used for future annual report	notification)
	·	
For further information concerning this matter,	please call:	
DEVORA CRUZ	at ( 561	779-8027 de & Daytime Telephone Number
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount m	nade payable to the Florida Depa	artment of State:
\$35 Filing Fee	~	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

AMBAR FINANCIAL SERVICES CORP

(Name of Corporat	tion as currently filed with the Florida Dept. of State) A 12: 24
P14000066802	Zero mar 13 71 = 5
(Docu	ment Number of Corporation (if known) ST AT AN ALLAHASSEE, FLOATOA
Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the c	orporation:
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	The new rd "corporation," "company," or "incorporated" or the abbreviation p," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicabl	e:
(Principal office address <u>MUST BE A STREET AD</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	2 <b>V</b> )
(	
<ol> <li>If amending the registered agent and/or registered new registered agent and/or the new registered</li> </ol>	ered office address in Florida, enter the name of the
new registered agent and/or the new registered	onice address:
Name of New Registered Agent	<del></del>
<del></del>	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Re	nictored Ament.
hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
Sign	nature 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.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	VP		THAMAYRA ABREU	509 FLEMING AVE
Add				GREENACRES FL 33463
X Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
_		_		
Add				
Remove				

and and an one, y necessary).	icles, enter change(s) here: (Be specific)
<del></del>	
•	
<u> </u>	
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-	
f =	nange, reclassification, or cancellation of issued shares,
i an amendment provides for an exch	range, reclassification, of cancenation of issued states,
provisions for implementing the amer	ndment if not contained in the amendment itself:
1 an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
provisions for implementing the amer	ndment if not contained in the amendment itself:
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The date of each amendment(s) a	doption:	, if other than th
date this document was signed.		
	03/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del></del>
	(no more than 90 days after amenament fite date)	
Note: If the date inserted in this document's effective date on the De	block does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ad- by the shareholders was/were si	opted by the shareholders. The number of votes cast for the amendment(afficient for approval.	(s)
☐ The amendment(s) was/were approvided for must be separately provided for	proved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	vent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	,,	
- <del>-</del>	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and sharehold	er
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
DatedSignature	au Z	
selecte	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hards of a receiver, trustee, or other counted fiduciary by that fiduciary)	rt
	DEVORA CRUZ	
	(Typed or printed name of person signing)	
	PRESS	
	(Title of person signing)	<del></del>