P1400001063

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(Ac	ldress)			
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8/29/14

COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: ASPIRE FINANCIAL PARTNERS DOCUMENT NUMBER: P1400069063
The enclosed Articles of Amendment and fee are submitted for filling.
Please return all correspondence concerning this matter to the following:
Name of Contact Person ASPIRE FINANCIAL PARTNERS Firm/ Company 14160 PALMETO FROMANCERO #13 Address
City/ State and Zip Code City/ State and Zip Code CHRIS Q, ASD, RE-FP, Com E-mail address: (to be used for fature annual report notification)
For further information concerning this matter, please call:
Name of Contact Person Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee Certificate of Status Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

. Articles	of Amendment
Articles	to FILED
ASPIRE FINANCE	of PARTIBER 25 PM 3: 03
(Name of Corporation as currently filed with	the Florida Dept. of State 34 E TEORIDA
PIYOOM	1691603 JALLAHASSEE, FLORIUM
(Document Number of Corporat	tion (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	n:
numa must be distinguishable and contain the word "come	The new
"Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," word "chartered," "professional association," or the abbrevia	or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (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)	14160 Palmetto Frontage Rd HI.
	——————————————————————————————————————
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	
Name of New Registered Agent	
(Flori	ida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam	
Cinnature Chi D. C.	land A a set of about aire
Signature of New Regist	erea Ageni, ij 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)

Remove

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.

Mike Jones, V as Remov Example:	e, and Sali	ly Smith, S	SV as an Add.			
X Change	<u>PT</u>	John Do	<u>e</u>			
X Remove	<u>V</u>	Mike Jor	<u>nes</u>			
X Add	<u>SV</u>	Sally Sm	<u>nith</u>			
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s	
1) Change \ \ Add	Presid	ENT	CHRIS	Ciúrs	14160 Palnetto Miami Lulos.	<i>(</i>) –
Remove	0		^			— }
2) Change \ \ Add	11	_	CHRIS	EILERS		
Remove 3.) Change	Secre	tary	SKIP	Amés	\'\	
Add Remove						
4) Change \ ^	Treas	<u> </u>	SK,P	Amés		
Remove						
5) Change Add		_				
Remove						
6) Change		_				
Add						

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
,	•
	
f an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	, if other than the
Hate this document was signed. Effective date if applicable:	
(no more than 90 days after amendment 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 number of votes cast for the amendment(s) was/were sufficient for approval	
by	
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, 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)	
CHRIS EILERS	
(Typed or printed name of person signing)	
$\mathcal{D}_{\alpha} = \alpha - \alpha = 1$	
TKOSI DEWI	
(Title of person signing)	