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(Re	questor's Name)	
(Ad	dress)	<u></u>
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COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION:	la Financial Corporation 17054
DOCUMENT NUMBER: P14000 8	7054
The enclosed Articles of Amendment and fee are sub	omitted for filing.
Please return all correspondence concerning this matt	ter to the following:
_ Ernest	PapadoyiaMJ Name of Contact Person
2401 NW Y	Firm/ Company O Circle
Boca Rata,	FL 33431
E-mail address: (to be use	Address FL 73431 City/ State and Zip Code Bell South. het ed for future annual report notification)
For further information concerning this matter, please Etnest Papacuyianis	at (
Name of Corltact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:
S35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

A 3	of of	/			
Aguila Financia	a ("C	ornoration	1		
(Name of Corporation as	s currently f	iled with the Florida	Dept. of State	•)	
000119			Depti Vi Dian	, ,	
		Corporation (if known)			
(120ctiment)	Number of C	orporation (11 known)			
Pursuant to the provisions of section 607,1006, Florida Statits Articles of Incorporation:	tutes, this Fla	orida Profit Corporat	ion adopts the t	ollowing amendi	ment(s) to
A. If amending name, enter the new name of the corpor	ration:	Advisors	s. The.	The u	
name must be distinguishable and contain the word "corpor "Inc.," or Co.," or the designation "Corp," "Inc." or "chartered," "professional association," or the abbreviation	ration, con "Co". A p	npany," or "incorpore	ited" or the abl	rne no reviation "Corp. contain the wo	ord
charterea, projessional association, or the approxima	ion raa.				
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u>SS</u>)		******		-
				7.0	-
				<u> </u>	Territoria
C. Enter new mailing address, if applicable:				33	2-1 3 E 3
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)				_ 	- <u>.</u>
					5 8 8
	.	•			(Sample)
					-
D. If amending the registered agent and/or registered o	office addres	s in Florida, enter th	e name of the	' = =	
new registered agent and/or the new registered office	e address:	still to that the til	c name or the		
Name of New Registered Agent					
THE THE THE STATE OF THE STATE		· · · · · · · · · · · · · · · · · · ·			
	// / · · · · · · · · · · · · · · · · ·	H			
1	(Florida street	aaaress)			
New Registered Office Address:			, Florida_		-
	(Ci	<u>(λ.)</u>		(Zip Code)	
Name Dagieta and Agant's Cionatura if shanning Dagietas	and Agents				
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		and accept the oblig	ations of the po	osition.	
	-		•		
Signature	of New Regi	stered Agent, if chang	ing		

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: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
F) Change		<u> </u>	
Add			
Remove			
2) Change		_	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
		Page 2 of 4	

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		 -
		
		
	<u></u>	
		·
(if not applicable, indicate N/A)	ment if not contained in the amendment itself:	
		
		
	Page 3 of 4	
The date of each amendment(s) adoption: _	Λ · · · · · · · · · · · · · · · ·	
	Dec 5, 2019	, if other than th
		, if other than th
fate this document was signed.	Dec 5, 2019 Dec 5, 2019	, it other than th
	Dec 5, 2019 Dec 5, 2019 (no more than 90 days after amendment file date)	, if other than th

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. cient for approval.	The number of votes east for the amendment(s)
☐ The amendment(s) was/were appromust be separately provided for ea	ved by the shareholders ch voting group entitled	s through voting groups. The following statement d to vote separately on the amendment(s):
"The number of votes east for	the amendment(s) was	s/were sufficient for approval
by		<u></u>
	(voting group)	——————————————————————————————————————
☐ The amendment(s) was/were adopte action was not required.	ed by the board of direc	etors without shareholder action and shareholder
Signature (By a direct selected, by appointed)	etor, president or other or on incorporator – it'i fiduciary by that fiduciary	ted name of person signing)