# P150002080

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
	ocument Number)	
(50	ourners (variable)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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800276436368

### FILING CANCELLED RETURNED CHECK

08/26/15--01020--014 \*\*43.75

TALLAHASSEE FLOMB

And

AUG 28 2015

R. WHITE

### FILING CANCELLED RETURNED CHECK

Florida Department of State Amendment Section Clifton Bldg. 2661 Executive Center Circle Tallahassee, Fl. 32301

August 25, 2015

#### TO WHOM IT MAY CONCERN.

Enclosed please find amendment documents 6 pages with check in the amount of \$43.75.

My telephone no 954-696-1549.

Return address: PATRICIA A EASON 3140 NW 122nd AVENUE

SUNRISE, FL. 33323.

Thanking you for your attention.

Sincerely,

Patricia Eason

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

### FILING CANCELLED RETURNED CHECK

NAME OF CORPOR	ATION: PEACEFUL FINA	NCES MANAGEMENT (	GROUP, INC.	
DOCUMENT NUMB				
	of Amendment and fee are su	bmitted for filing.		
Please return all corresp	pondence concerning this ma	tter to the following:		
1	PATRICIA A EASON			
<del>.</del>		Name of Contact Person	n	
1	PEACEFUL FINANCES MA	ANAGEMENT GROUP. IN	NC.	
-		Firm/ Company		
	3140 NORTH WEST 122 A			
		Address		
:	SUNRISE, FL. 33323			
-		City/ State and Zip Cod	e	
peason	@peacefulfinances.com			
<u></u>	•	sed for future annual report	notification)	
		······································	,	
For further information	concerning this matter, pleas	se call:		
PATRICA A EASON		at (	696-1549	
Name o	f Contact Person		de & Daytime Telephone Number	
rvaine o	r Contact i Cison	Aica Co	de de Daytime Telephone Ivamoei	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ing Address	Street	Address	
	ndment Section		Amendment Section	
Division of Corporations  Division of Corporations				
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661, Executive Center Circle				

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

## FILING CANCELLED RETURNED CHECK

Haceful Firmos My monomo	H-Corred T
(Name of Corporation as currently filed with the Florida Dept. pf State)	- Acoustin
TÄLLÄHASSEÄZ	10 1 10 10 10 10 10 10 10 10 10 10 10 10
(Document Number of Corporation (if known)	<del>- LUKILA</del>
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the follows Articles of Incorporation:	wing amendment(s) to
a. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or incorporated" or the "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name moved "chartered," "professional association," or the abbreviation "P.A."	e abbreviation
3. Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS )	
· ————————————————————————————————————	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office address in Florida, enter the name of the	w.
new registered agent and/or the new registered office address:	4
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·
	•
(Florida street address)	<del></del>
Nov. Resistand Office Address:	
New Registered Office Address:, Florida	Zip Code)
ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the positi	
Signature of New Registered Agent, if changing	<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 = 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 Doe	<u>e</u>		
X Remove	<u>v</u>	Mike Jon	<u>nes</u>	FILING CAN	CELLED
X Add	<u>sv</u>	Sally Sm	<u>iith</u>	RETURNED	CHECK
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		Address
1) Change	V		JOSEPHINE I MI	TCHELL	750 CAROLINA AVENUE
X Add					FT.LAUDERDALE, FL. 33312
Remove					
2) Change				<u> </u>	
Add					
Remove					
3) Change					
Add					
Remove					
4) Channe					
4) Change	·	_ ·			
Add					<del> </del>
Remove					
5) Change					
Add					*
Remove					
6) Change					
Add					
Remove					

E. If amending or adding additional Articles, enter change(s) here:	FILING CANCELLED
(Attach additional sheets, if necessary). (Be specific)	RETURNED CHECK
,	
	<del>/</del>
	<del> </del>
F. If an amendment provides for an exchange, reclassification, or cancell provisions for implementing the amendment if not contained in the a	lation of issued shares, mendment itself:
(if not applicable, indicate N/A)	

* * *	JULY 01, 2015	10 .1 .1 .1
The date of each amendment(s) a date this document was signed.	doption:	, if other than th
JUI	LY 01, 2015	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del></del>
	,	
<b>Note:</b> If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this dat epartment of State's records.	te will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s ufficient for approval.	)
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	nt
	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shareholder	r
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
AUGUST Dated	25, 2015	
	1 st	
Signature 4	apricia Cason	
	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court	
	nted fiduciary by that fiduciary)	•
	PATRICIA A EASON	
	(Typed or printed name of person signing)	
	PRESIDENT Patricia Eason	
	(Title of person signing)	<u>.</u>

FILING CANCELLED RETURNED CHECK