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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Obsidian Financia	l Services	
DOCUMENT NUMB	P15000062072		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Dianna S Griffiths		
•		Name of Contact Persor	1
	Obsidian Financial Services		
		Firm/ Company	
	115 Hickory st		
•		Address	
	Melbourne, fl 32904		
•	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Code	e
obsidi	ianfinancial2015@gmail.com	l	
		sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Dianna S Griffiths		at (4379090
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for	r 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)
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

Obsidian Financial Services Inc (Name of Corporation as currently filed with the Florida Dept. of State) P15000062972 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 115 Hickory st Ste 206 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Melbourne Fl 32904 C. Enter new mailing address, if applicable: 115 Hickory St ste 206 (Mailing address MAY BE A POST OFFICE BOX) Melbourne FL 32904 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position?

Page 1 of 4

Signature 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
5) Change			
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6) Change			
Add			
Remove			

Attach additiona	adding additional Ar l sheets, if necessary)	. (Be specific)	_			
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provisions for	nt provides for an exemplementing the an icable, indicate N/A)	endment if not c	cation, or cancell ontained in the a	ation <u>of issued s</u> mendment itself:	<u>hares,</u> <u>:</u>	
	,					

The date of each amendment(s) adoption: date this document was signed.	, if other than th
Effective date <u>if applicable</u> :	
(no more tha	n 90 days after amendment file date)
Note: If the date inserted in this block does not meet the ap document's effective date on the Department of State's records	plicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled	
"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 direct action was not required.	ors without shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators vaction was not required.	vithout shareholder action and shareholder
10/09/2015	
Signature (Ry a director pred 1977)	Micer – if directors or officers have not been
selected, by an incorporator — if ir	the hands of a receiver, trustee, or other court
appointed fiduciary by that fiducia	
Dianna S Griffiths	
(Typed or print	ed name of person signing)
President	
(Ti	tle of person signing)