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SIAISION OF CORPUTATION OF UNITED STATES

JAN 1 1 2017 C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations			
NAME OF CORPORATION:	Sns	Financial	Sorvices, Il
DOCUMENT NUMBER:	<u> 160</u>	300062681	+
The enclosed Articles of America	ment and fee are su	bmitted for filing.	
Please return all correspondence	concerning this ma	atter to the following:	
		Elda Ho. Name of Contact Person	norod.
	Sns Fi	nancial Se	rvices Inc
,	_	Firm/ Company	
	2762	NW 198	Terrace
		Miani FL	Terrace 33056
			notification)
For further information concerns	ing this matter, plea	se call:	
Harry	Catto	n at (646	de & Daytime Telephone Number
Name of Contact	Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the follo	wing amount made	payable to the Florida Depa	artment of State:
	3.75 Filing Fee & ertificate 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 Add Amendment S Division of Co P.O. Box 632	ection orporations	Amend Divisio	Address Iment Section on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

Articles of Incorporation

FILEL MYSSIGN OF CARLOGAID

of

sns Financial S	Bervices Inc 2011 JAN-9 PM 2:09
	filed with the Florida Dept. of State)
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(Document Number of C	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following 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, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	" "company," or "incorporated" or the abbreviation or. A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3000 NE 190th 8t, Apt 303 Aventura, Fl 33180
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3000 Ne 190 MA ST.
•	<u> </u>
	Aventua FL 33160
D. If amending the registered agent and/or registered office addre new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent Hugues	Edouard
3000 Ni (Florida stree	Edouard = 190 th 84, Apt 303 el address)
New Registered Office Address: Aventura	, Florida 33180 (City) (Zip Code)
t c	(Lip Code)

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.

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	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	. 30 Jahr .
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	P Elda Honorat	2762 NW 198th Terroce
Add		Niami F1 33056
X Remove		
2) Change	P Hugues Edouard	3000 NE 190th 81 Apr 303 Aventura FL 33180
Remove		,
3)Change	- <u></u>	
Add		
Remove		
4) Change		
Add		
Remove	,	
5) Change		
Add		
Remove		
6) Change		
Add		- And the second
Damova		

Januarian arrabia, y modelary).	(Be specific)
,	
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an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) adopti	ion:	<u>variety</u> if other than th
late this document was signed.		SLORETARY OF SHIP
Effective date if applicable:	01-03 17	
Effective date it applicable.	(no more than 90 days after amendm	ent file date) 2017 JAN -9 PK 2: 09
Note: If the date inserted in this block document's effective date on the Departr	does not meet the applicable statutory filing	requirements, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes casent for approval.	st for the amendment(s)
	ed by the shareholders through voting groups. In voting group entitled to vote separately on th	
"The number of votes cast for the	he amendment(s) was/were sufficient for appro	oval
by		"
c,	(voting group)	<u>—</u> ·
action was not required.	I by the board of directors without shareholder I by the incorporators without shareholder action	
action was not required.		,
Dated	-03 17	
Signature	F0/1////	
(By a direct	or, president or other officer - if directors or o	
	an incorporator – if in the hands of a receiver	, trustee, or other court
appointed in	iduciary by that fiduciary) Huques Edou	аю
	(Typed or printed name of person signi	ing)
	Presi Der	
	(Title of person signing)	