## P1400019345

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Real Cli	que Credit Repair			
DOCUMENT NUMBER: P1000079348				
The enclosed Articles of Amendment and	I fee are submitted for filing.			
Please return all correspondence concerni	ing this matter to the following:			
Anthony Carbone				
Name of Contact Person				
Real Clique Marketing Inc				
Firm/ Company				
18220 Franjo Rd				
	Address			
Miami, Fl 33157				
	City/ State and Zip Code			
info@realcliquecreditrep	pair.com			
	ss; (to be used for future annual report notification)			
For further information concerning this m	natter, please call:			
Anthony Carbone	at (305 ) 546-5774			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amo	ount made payable to the Florida Department of State:			
S35 Filing Fee S43.75 Filing Certificate of				
Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, F1, 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

## Articles of Amendment to Articles of Incorporation of

Real Clique Credit Repair COTP	
(Name of Corporation as current	tly filed with the Florida Dept, of State)
P16000079348	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida 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 word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
(Trinepin ogytee min ess <u>involved red trinepinose</u> r	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PROPERTY.
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florada si	reet address)
New_Registered Office Address:	, Florida
No registered office rataress.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	
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:	ove, ana sauy sm	un, 5v as an Aaa.	
X Change	<u>PT</u> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Jorge Velazquez	16800 SW 96th ct
X Add			Miami, H 33157
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

(Attach additional sheets, if necessary),	cles, enter change(s) here: (Be spacific)
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amei	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	<u></u>

3-10-17	if other than the
The date of each amendment(s) adoption:date this document was signed.	If other man the
3-10-17	
Effective date if applicable: (no)	nore than 90 days after amendment file date)
Note: If the date inserted in this block does not med document's effective date on the Department of State's	t the applicable statutory filing requirements, this date will not be listed as the records.
Adoption of Amendment(s) (CHECK	<u>ONE</u> )
☐ The amendment(s) was/were adopted by the shareh by the shareholders was/were sufficient for approv	olders. The number of votes cast for the amendment(s) al.
☐ The amendment(s) was/were approved by the share must be separately provided for each voting group	holders through voting groups. The following statement entitled to vote separately on the amendment(s):
"The number of votes cast for the amendmen	(s) was/were sufficient for approval
by(voting gr	· · · · · · · · · · · · · · · · · · ·
(voting gr	oup)
☐ The amendment(s) was/were adopted by the board action was not required.	of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the incorpaction was not required.	orators without shareholder action and shareholder
	r other officer – if directors or officers have not been
selected, by an incorpora appointed fiduciary by the	or – if in the hands of a receiver, trustee, or other court at fiduciary)
Anthony Carbone	
(Typed	or printed name of person signing)
S	
	(Title of person signing)