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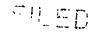
R. WHITE
MAY 0 9 2018

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: ARGES_3 FINAN	CIAL GROUP,INC				
	BER: P18000029639					
	s of Amendment and fee are su	bmitted for filing.				
Please return all corre	espondence concerning this ma	tter to the following:				
	MARIA A. VILLACRESES					
		Name of Contact Person	n			
	ARGES 3 FINANCIAAL GROUP,INC					
	<del>-</del>	Firm/ Company				
	990 SE 4 STREET					
	Address					
	HIALEAH,FL 33010					
		City/ State and Zip Cod	e			
ACC	OTAX44@YAHOO.COM					
<del></del>	E-mail address: (to be us	sed for future annual report	notification)			
For further information	on concerning this matter, pleas RESES		498-5900			
Name	of Contact Person	at ( Area Co	de & Daytime Telephone Number			
Enclosed is a check t	or the following amount made					
■ \$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			Address			
	vision of Corporations	Amendment Section Division of Corporations				
	D. Box 6327	Clifton Building				
Та	llahassee, FL 32314		2661 Executive Center Circle			
		Tallahassee, Fl. 32301				

## Articles of Amendment to Articles of Incorporation of



18 HAY -4 AH 8: 50

ARGES 3 FINANCIAL GROUP, INC (Name of Corporation as currently filed with the Florida Dept. of State) with P18000029639 (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." SAME B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: SAME (Mailing address MAY BE A POST OFFICE BOX) 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: 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: <u>X</u> 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>	<u>Addres</u> s
1) Change	S	LEONARDO P. MONCAYO	990 SE 4 STREET
Add			HIALEAH, FL 33010
X Remove			
2) Change			
Add			<del></del>
Remove			
3 ) Change			
Add			
Remove			
4) Change			_
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
, Add			-
Remove			

E. If amending or adding additional Arti- (Attach additional sheets, if necessary).	cies, enter enange(s) nere: (Be specific)
N/A	
	-
··	
	•
	<del></del>
F. If an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	

•	4/23/2018	
The date of each amendment(s) date this document was signed.		, if other than the
	MMEDIATE	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes co	ast for the amendment(s) was/were sufficient for approval	
by	w	
	(voting group)	
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
04/23/2	2018	
	July Hurselle Suran	
selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	
	MARIA A. VILLACRESES	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	