## P-18000057169

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
·	·	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
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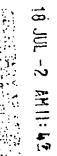


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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

OCUMENT NUMBER: P1600057169				
the enclosed Articles of Amendment and fee are submitted for filing.				
lease return all correspondence concerning this matter to the following:				
ANTOINETTE CZAJKOWSKI  Name of Contact Person  6 NUTUR (25077	_			
SAVIOR (REDIT Firm/ Company	-			
581 NW 162ND AVE				
PEMBROKE PINES, FL 33028  City/ State and Zip Code	_			
TUNICZAJKOWSKIRE @ CMATL. COM v E-mail address: (to be used for future annual report notification)				
or further information concerning this matter, please call:				
ANTOINE TTE (ZAJKOWSKIat ( 984 ) 410 -4071  Name of Contact Person Area Code & Daytime Telephone Number				
inclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status  Certified Copy  (Additional copy is enclosed)  (Additional Copy is enclosed)				
Mailing Address Amandment Section Appendment Section				

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301

## Articles of Amendment to Articles of Incorporation of

SAVIOR CR	LEDIT LU.			
(Name of Corporation	as currently filed with	the Florida Dept. of State)		
P1400005	57169			
(Docume)	nt Number of Corporation	(if known)		
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this <i>Florida Proj</i>	fit Corporation adopts the foll	owing amendme	nt(s) to
A. If amending name, enter the new name of the corp	poration:			
			The new	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the al	"Inc," or "Co". A pro		he abbreviation	
B. Enter new principal office address, if applicable:			4574 -	
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>(ESS</u> )			
	<u></u>			71
			<u>- 10-21 - N</u>	<u> </u>
C. Enter new mailing address, if applicable:			=	(m)
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	·		<u>ــــــــــــــــــــــــــــــــــــ</u>	
			**	
	<del>- ·</del>			
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		da, enter the name of the		
new registered agent and/of the new registered of	ince aduress.			
Name of New Registered Agent				
	(Florida street address)			
New Registered Office Address:		, Florida		
	(City)		(Zip Code)	
N. D. Le LA et Che e Make tea Deale	A			
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. It		ept the obligations of the posit	tion.	
. ,,	-			
<del></del>			<del></del>	
Signat	ure of New Registered Ag	ent, 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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	D	ANTOINE TTE CZAJKA	USKI SEI NW 162NDAVE
Add			PEMBROKE PINES
Remove			FL 33028
2) Change	_D_	TIFFANT CAMPBELL	SKI NW 162ND AVE
Add			PEMBROKE PINES
Remove			FL 33028
3 ) Change	<del>P</del>		<del></del>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<del></del>		<del></del>
Add			
Remove			
6) Change	-		
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)	
PLEASE ADD	
PLEASE ADD EIN # 43-1044366	
,	
f. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	
(у пол аррисате, такане пол)	
	<u></u>

The date of each amendment(s) adoption:	: 6/28/18	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	6/28/14	
	(no more than 90 days after amendmen	nt file date)
Note: If the date inserted in this block do document's effective date on the Department	ies not meet the applicable statutory filing re nt of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes east for approval.	for the amendment(s)
☐ The amendment(s) was/were approved be must be separately provided for each verified.	by the shareholders through voting groups. The oting group entitled to vote separately on the	he following statement amendment(s):
"The number of votes cast for the	amendment(s) was/were sufficient for approv	al
by	(voting group)	"
	(voting group)	
The amendment(s) was/were adopted by action was not required.	y the board of directors without shareholder a	ction and shareholder
☐ The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action	and shareholder
Dated 6/28/	president or other officer of directors or off	Seers have not been
selected, by a	n incorporator – if in the hands of a receiver, t	trustee, or other court
	uciary by that fiduciary)	
A	Hoinette CLATKON	uski
	(Typed or printed name of person signin	8/
	DIRECTOR	
	(Title of person signing)	