## P18 0000 12124

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## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: LI FINANCIAL G	ROUP INC.	
DOCUMENT NUM			
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	JUDITH CINTRON		
		Name of Contact Person	n
	LI FINANCIAL GROUP INC	C.	
		Firm/ Company	
	12553 SPRING HILL DRIVI		
		Address	м.
	SPRING HILL, FL 34609		
		City/ State and Zip Cod	e
	lifinancialgroup@yahoo.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:  at ( 352	398-1312
Name	of Contact Person	at ( Area Co	) de & Daytime Telephone Number
	or the following amount made		
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amend Division The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assec, FL 32303

## Articles of Amendment to Articles of Incorporation of



		$\chi^{*}_{i}$ , $\chi^{*}_{i}$
Articles	of Amendment	
Articles o	to f Incorporation	
	of	(
LI FINANCIAL GROUP INC.		a Dept. of State)
(Name of Corporation as curr	ently filed with the Florid	a Dept. of State)
P18000072124		, , , , , , , , , , , , , , , , , , ,
(Document Numb	per of Corporation (if known	n)
Pursuant to the provisions of section 607,1006, Florida Statutes, ts Articles of Incorporation:	this <i>Florida Profit Corpora</i>	tion adopts the following amendm
A. If amending name, enter the new name of the corporation	<u>ı:</u>	
N/A		The nev
"Inc.," or Co.," or the designation "Corp," "Inc," or "Co"	A professional corpora	
"Inc.," or Co.," or the designation "Corp," "Inc," or "Co" chartered," "professional association," or the abbreviation "FB. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	A professional corpora	
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "FB. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add  Name of New Registered Agent	". A professional corpora P.A."  N/A  N/A  N/A  address in Florida, enter the liess:	he name of the
*Inc.," or Co.," or the designation "Corp," "Inc.," or "Co" chartered," "professional association," or the abbreviation "F.  3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS.)  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	N/A  N/A  N/A  N/A  address in Florida, enter t	he name of the
*Inc.," or Co.," or the designation "Corp," "Inc.," or "Co" chartered," "professional association," or the abbreviation "F.  3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS.)  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add  Name of New Registered Agent  N/A	". A professional corpora P.A."  N/A  N/A  N/A  address in Florida, enter the liess:	he name of the
"Inc.," or Co.," or the designation "Corp," "Inc," or "Co" chartered," "professional association," or the abbreviation "FB. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add  Name of New Registered Agent  N/A	N/A  N/A  N/A  Address in Florida, enter the liness:	he name of the

Signature of New Registered Agent, if changing

## Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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)

Example:

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.

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>	Name	Address
1) Change	P	HUGO A CINTRON	15255 DYLA WAY
Add			SPRING HILL, FL 34604
Remove 2) Change	P	JUDITH CINTRON	15255 DYLA WAY
X Add			SPRING HILL, FL 34604
Remove 3) Change	<u>s</u>	HUCO A CINTRON ID	9221 TUDOR DR. APT A102 TAMPA, FL 33615
X Add Remove 4) Change		- -	
Add			
5) Change Add			
Remove		·	
6) Change			
Remove			

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)		
N/A		
	_	
<del></del> -		
<del></del>		
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)		
N/A		

JANUARY 27, 2024 The date of each amendment(s) adoption:, if other th
The date of each amendment(s) adoption:, if other the date this document was signed.
Effective date if applicable:
Effective date <u>if applicable</u> :  (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"
(voting group)
FEBRUARY 08, 2024 Dated
Signature helith Citis
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
JUDITH CINTRON
(Typed or printed name of person signing)
PRESIDENT

(Title of person signing)