## P1900000 1333

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## COYER LETTER

**TO:** Amendment Section Division of Corporations

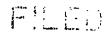
NAME OF CORPO	ORATION: Convergent Finance	cial Partners, Inc.				
DOCUMENT NUM	BER: P19000007333					
The enclosed Article	es of Amendment and fee are su	ibmitted for filing.				
Please return all cor	respondence concerning this ma	atter to the following:				
	Richard R Dwyer					
	Name of Contact Person					
	Convergent Financial Partner	rs, Inc.				
	<del></del>	Firm/ Company				
	5150 Belfort Road, Bldg 400					
	· · · · · · · · · · · · · · · · · · ·	Address				
	Jacksonville, FL 32256					
		City/ State and Zip Code				
rdw	yer@argallus.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further informat	ion concerning this matter, pleas	se call:				
Richard R Dwyer		904 at (	800-7299			
Nam	e of Contact Person		e & Daytime Telephone Number			
Enclosed is a check	for the following amount made	payable to the Florida Depar	rtment of State:			
☐ \$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)			

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section Division of Corporations Clifton Building

## Articles of Amendment Articles of Incorporation of



2819 MAY ID A 12: 13

(Name of Corporation as currently filed P19000007333	Salat Plantin Commence
P19000007333	
	FALDAHABUEELFLOKICA
(Document Number of Corpo	ration (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Argallus Financial Partners, Inc.	The new
name must be distinguishable and contain the word "corporation," "co "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", a word "chartered," "professional association," or the abbreviation "P.A."	impany," or "incorporated" or the abbreviation 1 professional corporation name must contain the
B. 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 address in 1	Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street addr	(88)
New Registered Office Address: (City)	, Florida

## 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:	z, ana sai	uy smun, sv as an Ada.	
X Change	<u>b.L</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		_	
Add			
Remove			
2) Change	···		
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Damasa			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)				
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		<del></del>	<del></del>		
		<u></u>		<del></del>	
				_	
f an amendment provides for an exch	ange, reclassificati	ion, or cancellation	on of issued sha	res.	
provisions for implementing the amer (if not applicable, indicate N/A)	idment if not cont	ained in the ame	ndment itself:		
(4 m) appreame, butter that					
	<del></del> -				
			<del></del>		
					<del>-</del>

The date of each amendment(s) addate this document was signed.	option:	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, this dapartment of State's records.	ite will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ado by the shareholders was/were suf	oted by the shareholders. The number of votes east for the amendment() ficient for approval.	8)
☐ The amendment(s) was/were app must be separately provided for	oved by the shareholders through voting groups. The following statemerach voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by		
· · · · · · · · · · · · · · · · · · ·	(voting group)	
action was not required.	oted by the board of directors without shareholder action and shareholde oted by the incorporators without shareholder action and shareholder	er.
action was not required.	west by the meorphorators without shareholder action and shareholder	
Dated5/	8/2019	
Signature	Willy -	
(By a directed	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other cour d fiduciary by that fiduciary)	t
i	Richard R Dwyer	
-	(Typed or printed name of person signing)	<del></del>
I	resident	
-	(Title of person signing)	<del></del>