P19000012340

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	w	

Office Use Only



700363528327

04/14/21~~01026~~002 **35.00

2021 APR 14 PH 12: 59
SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: Florida Seniors Co	rp	
	MBER: P19000012340		
	les of Amendment and fee are su	bmitted for filing.	
Please return all co	rrespondence concerning this ma	tter to the following:	
	Gabriel Rakower		
		Name of Contact Person	1
	Flroida seniors Corp		
		Firm/ Company	
	3850 Fern Forest Rd		
		Address	
	Cooper City, Fl 33026		
		City/ State and Zip Cod	e
	rakower@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informa Gabriel Rakower	tion concerning this matter, pleas	se call: at (954	643 8729
Name of Contact Person			Jde & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
■ \$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 Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

FLORIDA SENIORS CORP.	OCOLADO LI. PH ILON
(Name of Corporat	ion as currently filed with the Florida Dept. of State)
P19000012340	SECRETARY OF STATE
(Docu	ment Number of Corporation (if known) LLAMASSEE, FL
	la Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the c	orporation:
SIRI FINANCIAL PARTNERS CORP.	The new
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc, "chartered." "professional association." or the abbra	corporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO D. If amending the registered agent and/or registe	red 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:	, Florida
	(City) (Zip Code)
	I am familiar with and accept the obligations of the position.
Signo	ature of New Registered Agent, if changing

Check if applicable

 $[\]Box$ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), 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)

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: XChange	<u>PT</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 Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

ttach <i>additiona</i>	il sheets, if necessary).	(Be specific)			
			<u>.</u>		
			,		
					
		-		. 	
	<u> </u>		<u> </u>		
<u> </u>					
		 _			
					
		· · · · · · · · · · · · · · · · · · ·			
an amendmer	nt provides for an exch implementing the ame	ange, reclassifica	tion, or cancellate	<u>ion of issued shal</u> endment itself:	res,
(if not appl	icable, indicate N/A)	maneta iioi con	named in the an	chamen tisen.	
			<u> </u>		
		_			

•

The date of each amendment date this document was signed.	s) adoption:	, if other than the
•	May 1st 2021	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	his block does not meet the applicable statutory filing requirements to Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareho	lder action and shareholder
☐ The amendment(s) was/were by the shareholders was/we	adopted by the shareholders. The number of votes east for the ame re sufficient for approval.	ndment(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	z statement (s):
"The number of votes	east for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
04/09/2 Dated	021	
Signature	Md	
sel	a director, president or other officer – if directors or officers have no ected, by an incorporator – if in the hands of a receiver, trustee, or ot ointed fiduciary by that fiduciary)	ot been her court
	Gabriel Rakower	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	