P93000074223

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |

Office Use Only



700361062207

03/04/21--01033---007 **52.50

2021 MAR -4 AM 7: 3: SECRETARY OF STATE

COVERLETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: CROSSFIRE FIN. | ANCIAL NETWORK, INC | · · · · · · · · · · · · · · · · · · · | | |
|--|--|--|--|--|--|
| DOCUMENT NUM | BER: P93000074223 | | | | |
| The enclosed Articles | of Amendment and fee are su | abmitted for filing. | | | |
| Please return all corre | spondence concerning this ma | atter to the following: | | | |
| | SARA E RODRIGUEZ | | | | |
| | Name of Contact Person | | | | |
| | CROSSFIRE FINANCIAL NETWORK, INC | | | | |
| | Firm/ Company 9360 SUNSET DRIVE, STE 270 | | | | |
| | | | | | |
| | | Address | | | |
| | MIAMI, FL 33173 | | | | |
| | | City/ State and Zip Code | · · · · · · · · · · · · · · · · · · · | | |
| | SRODRIGUEZ@CFN.NET | | | | |
| | E-mail address: (to be us | sed for future annual report | notification) | | |
| For further informatio | n concerning this matter, pleas | | . 270-5522 | | |
| Name of Contact Person | | at (Area Cod | 270-5522 de & Daytime Telephone Number | | |
| Enclosed is a check fo | r the following amount made | | | | |
| S35 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 Tallahassee, 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

| CROSSFIRE FINANCIAL NETWORK, INC | 2021 445 |
|---|--|
| (Name of Corporation | as currently filed with the Florida Dept. of States 33 |
| P93000074223 | SECRETARY OF STATE |
| (Documen | nt Number of Corporation (if known) AHASSEE, FL |
| Pursuant to the provisions of section 607,1006, Florida Stits Articles of Incorporation: | tatutes, this Florida Profit Corporation adopts the following amendment(s) t |
| A. If amending name, enter the new name of the corp | oration: |
| | The new |
| | oration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word attion "P.A." |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE | ESS) |
| | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered office. | |
| Name of New Registered Agent | _ |
| | |
| | (Florida street address) |
| New Registered Office Address: | , Florida |
| | (City) (Zip Code) |
| | |
| New Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I at | ered Agent: m familiar with and accept the obligations of the position. |
| | |
| Signatur | re of New Registered Agent. if changing |

Check if applicable
☐ 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:

| X Change | <u>PT</u> | John Doe | |
|-------------------------------|--------------------------|-------------|-----------------|
| X Remove | $\underline{\mathbf{V}}$ | Mike Jones | |
| X Add | <u>SV</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change | | | |
| Add | | | _ |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| <i>5)</i> Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| (Attach addition | r adding additional Ar nal sheets, if necessary). | (Be specific) | , <u>oy</u> . | | |
|-------------------------|--|-----------------------|--------------------|---------------------|---------------------------------------|
| | | | | | |
| . . | | | | | · · · · · · · · · · · · · · · · · · · |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | _ . | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| _ | | · | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| - | | | | | |
| | | | | <u> </u> | |
| | | | | | |
| | . | | | | |
| | · | | | | |
| | | | | | |
| | | | | | |
| F. <u>If an amendme</u> | nt provides for an exc | hange, reclassificati | on, or cancellatio | n of issued shares, | |
| <u>provisions for</u> | implementing the amo | endment if not cont | ained in the amer | dment itself: | |
| | licable, indicate N/A) | | | | |
| MITCHELL II TE | PPERMAN'S SHARES | (49%) TRANSFER | RED TO SARA E | RODRIGUEZ | |
| | | | · | - | |
| | <u> </u> | · - · | | | |
| | | | | | |
| | | | - | | |
| | | | - | | |
| | | | | | |
| · | | | _ | | |
| <u> </u> | | | | | |
| | | | | | |
| - | · | | · | - | |
| | | | | | |

| The date of each amendment(s) a date this document was signed. | adoption: | , if other than the |
|--|---|----------------------|
| 12/ | /3/2021 | |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) | |
| | tho more than 50 days after amenament file date) | |
| Note: If the date inserted in this lead to the Document's effective date on the D | block does not meet the applicable statutory filing requirements, this date will be partment of State's records. | not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/were adaction was not required. | lopted by the incorporators, or board of directors without shareholder action and | shareholder |
| The amendment(s) was/were add by the shareholders was/were so | opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval. | |
| must be separately provided for | proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s): It for the amendment(s) was/were sufficient for approval | |
| by | . 10) the differential was were sufficient for approval | |
| <u> </u> | (voting group) | |
| Dated <u>Deco</u> M Signature (By a d | lirector, president or other officer – if directors or officers have not been | |
| selecte appoin | ed, by an incorporator – if in the hands of a receiver, trustee, or other court ited fiduciary by that fiduciary) | |
| | SARA E RODRIGUEZ | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT / DIRECTOR | |
| | (Title of person signing) | |