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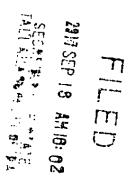
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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: ACHANTE FINANCIAL & INVESTMENTS CORPORTION DOCUMENT NUMBER: P97000026128 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CHRISTINA ADERINOKUN Name of Contact Person ACHANTE FINANCIAL & INVESTMENTS CORPORATION Firm/ Company 2111 SW 60 WAY Address MIRAMAR FL 33023 City/ State and Zip Code achantecorp@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JOE FALUADE Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee □ \$35 Filing Fee **□\$**43.75 Filing Fee & **■\$43.75** Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ACHANTE FINANCIAL & INVESTMENTS CORPORATION

(Name of Corporation a	as currently filed	with the Florida Dep	t. of State)			
P97000026128						
(Document	Number of Corpo	oration (if known)				
Pursuant to the provisions of section 607.1006, Florida Statist Articles of Incorporation:	atutes, this <i>Florid</i> e	a Profit Corporation a	dopts the fo	llowing	amendn	ient(s)
A. If amending name, enter the new name of the corpo	oration:					
				7	he ne	
name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp," " word "chartered," "professional association," or the abb	"Inc." or "Co".			the abb	reviatio	m
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u></u>		-			
				20	2 m	
	-		. <u>. </u>		S	-
C. Enter new mailing address, if applicable:				हेन्द्र है हैं ज़ल्म पहुंचे	L.D	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)						1
				:13	<u> </u>	;1
				es a	A-1 16:	
				100 m	<u> </u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		Florida, enter the nai	me of the	٠٠٠		
new registered agent and/of the new registered on	ec addi caa					
Name of New Registered Agent						
	(Florida street add	ress)				
New Registered Office Address:			_, Florida	<i></i>		
	(City)			Æip Co	de)	
New Registered Agent's Signature, if changing Registe	ered Agent:					
I hereby accept the appointment as registered agent. I am		d accept the obligation	is of the pos	ition.		
Signatur	ra of Nav. Pagista	red Agent, 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.

X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VD	JOSEPH O FALUADE	2111 SW 60 WAY
X Add			MIRAMAR FL 33023
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
	<u> </u>
	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	Hemen i not contained in the amendment seems

The date of each amendment(s) adoption:	if other than the
date this document was signed.		
Effective date <u>if applicable</u> : _		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment e sufficient for approval.	nt(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
by	<u>.</u>	
,	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	older
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
09/07/2	017	
DatedSignature	- SAMMING	
(By	a director, president or other officer – if directors or officers have not be exted, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	
	ADEOLA CHRISTINA ADERINOKUN	
	(Typed or printed name of person signing)	·
	PRESIDENT/DIRECTOR	
	(Title of person signing)	