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Amend

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations	
NAME OF CORPORATION:D	NERESS POINTE FINANCIAL CORPORATION PG7000086752
The enclosed Articles of Amendment and for	ee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
ConGRa 640  E-mail address:	PHILIP KOKOTDFF  Name of Contact Person  SS POINTE FINANCIAL CORPORATION  Firm/Company  O CONGRESS AVE-SUITE # 1200  Address  OCA RATON FL 33487  City/ State and Zip Code  KOSIC BELLSTUTH, NET  (to be used for future annual report notification)
For further information concerning this matt	ter, please call:
PHILIP KOKOTO  Name of Contact Person	FF at (511) 289-2564 Area Code & Daytime Telephone Number
Enclosed is a check for the following amour	nt made payable to the Florida Department of State:
\$35 Filing Fee \$343.75 Filing Certificate of \$	
Mailing Address Amendment Section	Street Address Amendment Section

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

to

Articles of	Incorpor	ation
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CONGRESS POINTE FINANCIAL GRANA	TINH
(Name of Corporation as currently filed with the Florida Dept. of State)	11011
P978222	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	ig amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the a "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must word "chartered," "professional association." or the abbreviation "P.A."	_The new bbreviation contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  Suite # 1200	AVE.
C. Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  SUITE # 1200	33487 Ave
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	33487
Name of New Registered Agent	-
(Fiorida street address)	<del>.</del>
New Registered Office Address:	
	Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	201.
	; 3
Signature of New Registered 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 Do	<u>e</u>	
X Remove	V	Mike Joi	<u>nes</u>	
_X Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		-10.00
Add				
Remove				<del></del>
2) Change		<del></del>		
Add				<del></del>
Remove				
3 ) Change		<del></del>		<del></del>
Add				
Remove				
4) Change	-	_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				<del></del>
Remove				

	r adding additional Ar nal sheets, if necessary)	. (Be specific)			
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	ent provides for an exc	change, reclassificatio	n, or cancellation of i	ssued shares,	
f an amendme	r implementing the am	<u>iendment if not contai</u>	ned in the amendmer	<u>it itself:</u>	
provisions for					
provisions for	plicable, indicate N/A)				
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provisions for	plicable, indicate N/A)				

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable: OFPTEMBER 2, 2019	
(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 document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ 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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.  ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder	
action was not required.	
Dated_SEPTEMBER 2, 2019	
Signature OAPA CHP	
(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)	
(Typed or printed name of person signing)	
DIRECTOR	
(Title of person signing)	