## P98000090489

(Re	equestor's Name)	<u>-</u>
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone #)	<u> </u>
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name)	
(Do	ocument Number)	
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JUN 3 0 2017 C NICHAIR

TO: Amendment Section

M JUL T PX 3: 23 Division of Corporations NAME OF CORPORATION: Mt. Dora Securities Inc. DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Richard J. DiBiasio Name of Contact Person Mt. Dora Securities, P. A. Finn/ Company 120 West 6th Ave. Suite E Address Windermere, Fl. 34786 ★ City/ State and Zip Code rickdb2001@mac.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rick DiBiasio Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

## Articles of Amendment to Articles of Incorporation of

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Mt. Dora Decurities , P. A.

·		
(Name of Corporation	n as currently filed with the Florida D	ept. of State)
pc	18000090489	•
	ent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	poration:	
A. If amending name, enter the new name of the corporated.  Latitudes Financial Strategies	P. A. M2-14-17	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.," word "chartered," "professional association," or the a	"corporation," "company," or "inco" "Inc," or "Co". A professional corp	orporated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX		
D. If amending the registered agent and/or registere new registered agent and/or the new registered or		name of the
Name of New Registered Agent		
<del></del>	(Florida street address)	
V. B		, Florida
New Registered Office Address:	(City)	/Zip Code)
New Registered Agent's Signature, if changing Regis	stered Agent:	
I hereby accept the appointment as registered agent. I		ions of the position.

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.

Example: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>SV</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change		_		
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change				
Add		_		
Remove				
4) Change		_		· · · · · · · · · · · · · · · · · · ·
Add				<del> </del>
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)
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If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	indifferent if not contained in the amendment tigen.
(ij noi applicable, mateule WA)	
7.4	

The date of each amendment(s) adoption:	, if other than the
tiate this the time it was signed.	
Effective date if applicable: (no more than 90 days after amendment file	
(no more than 90 days after amenament fite	aate)
Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	ments, this date will 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 by the shareholders was/were sufficient for approval.	amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The foliamust be separately provided for each voting group entitled to vote separately on the amen	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action action was not required.	and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and s action was not required.	hareholder
Dated 6-13-17	
Signature MASS &	
(By a director, president or other officer - if directors or officers !	
selected, by an incorporator – if in the hands of a receiver, trustee appointed fiduciary by that fiduciary)	, or other court
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	