P130000042820

(Red	questor's Name)	
. (Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



600255282036

01/14/14--01013--010 **35.00

amend



1/22/14

COVER LETTER

TO: Amendment Section Division of Corporations

į.,

NAME OF CORPORATION: CAPITAL DOCUMENT NUMBER: P13000042		CIAL, CORP.			
The enclosed Articles of Amendment and fee at	re submitted for filing.				
Please return all correspondence concerning this	-				
MARCIO ALVE	ES				
	Name of Contact Person	1			
CAPITAL CRE	CAPITAL CREDIT FINANCIAL, CORP.				
144 A. M. C.	Firm/ Company				
12 JASON CIF	RCLE				
	Address				
MILFORD, MA	01757				
	City/ State and Zip Code				
	·	-			
marcioa70@yahoo					
E-mail address: (to b	be used for future annual report	notification)			
For further information concerning this matter, p	please call:				
MARCIO ALVES	_{at (} 781	654-6000			
Name of Contact Person		de & Daytime Telephone Number			
Enclosed is a check for the following amount ma	ade payable to the Florida Depa	urtment of State:			
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State		□\$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	Amend Divisio Clifton	Address ment Section n of Corporations Building yearning Center Circle			

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

FILED

2014 JAN 14 PM 4: 21

CAPITAL CREDIT FINANCIAL, CORP.

(Name of Corporation as currently filed with the Florida Dept. of State)

TALLAHASSEE, FLORIDA

P13000042820 (Document Number of Corporation (if known)

nendment(s) to

A. If amending name, enter the new na N/A	me of the corporation:		The ne
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional associat	ation "Corp," "Inc," or	"Co". A professional corpo	porated" or the abbreviation
B. Enter new principal office address, i (Principal office address <u>MUST BE A ST</u>		N/A	
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C		N/A	
D. If amending the registered agent and new registered agent and/or the new	i/or registered office add	lress in Florida, enter the na	me of the
	N/A	<u>Si</u>	_
New Registered Office Address:	(Florida si	reet addressi	<u> </u>
	(City		(Zip Code)
New Registered Office Address:	N/A	Florid	a(Zip Code)

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	PT	John Do	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	ones	•
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	VP	75.75.4	ALVES, MARCIO	12 JASON CIRCLE
Add Add				MILFORD, MA 01757
Remove				
2) Change	- 			
Add				
Remove				
3) Change	+			
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change	·			
Add				
Remove				
6) Change		_		
Add		· · · · · · · · · · · · · · · · · · ·		
Remove				

E. If amending or adding additional Arti- (Attach additional sheets, if necessary).	<u>cles, enter change(s) here</u> : (Be specific)
N/A	
F. If an amendment provides for an exchiprovisions for implementing the amen	ange, reclassification, or cancellation of issued shares, and and the amendment itself:
(if not applicable, indicate N/A)	
N/A	
7	

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable: N/A		
	(no more than 90 days after amendment file daw)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east i	for the amendment(s) was/were sufficient for approval	
by	31	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopaction was not required.	pted by the incorporators without shareholder action and shareholder	
Dated 01/07/20	114	
Dated	(della)	
Signature /		
	rector, president or other officer – if directors or officers have not been	
	by an incorporator – if in the hands of a receiver, trustee, or other court	
appoint	ed fiduciary by that fiduciary)	
	MARCIO ALVES	
•	(Typed or printed name of person signing)	
,	VICE PRESIDENT	
-	(Title of person signing)	