

F21000002929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

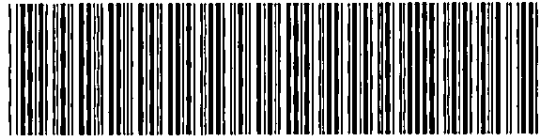
(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY
HALL BLDG 2ND FL
MONTGOMERY, AL

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Silverline Mortgage Inc
Name of Corporation

DOCUMENT NUMBER: F21000002929

The enclosed Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Manish Zaveri
Name of Contact Person

Silverline Mortgage inc
Firm/Company

31471 Northwestern Highway Ste 3A
Address

Farmington Hills, MI 48334
City/State and Zip Code

manish@silverlinemortgageinc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Manish Zaveri at (248) 739-0104
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy \$52.50 Filing Fee, Certificate of Status & Certified Copy

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

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F21000002929

(Document number of corporation (if known))

1. Silverline Mortgage Inc.
(Name of corporation as it appears on the records of the Department of State)
2. Florida Michigan 3. 05/27/2021
(Incorporated under laws of) (Date authorized to do business in Florida)

RECEIVED
SECRETARY OF
STATE
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TALLAHASSEE

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? Jan 30, 2023
5. Sita Mortgage Inc.
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)
- (If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.
- _____
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.
- _____
(New jurisdiction)

8. 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:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

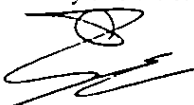
New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Manish Zaveri

(Typed or printed name of person signing)

Owner

(Title of person signing)

FILING FEE \$35.00

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

FILING ENDORSEMENT

This is to Certify that the CERTIFICATE OF AMENDMENT TO THE ARTICLES OF
INCORPORATION

for

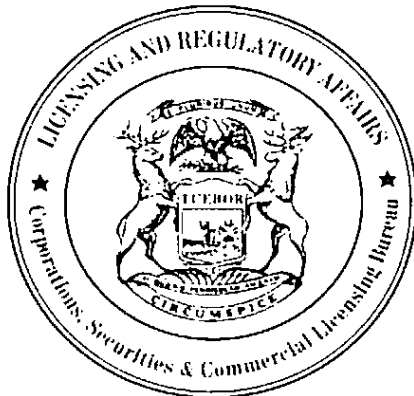
SITA MORTGAGE INC

ID Number: 802573601

received by electronic transmission on January 25, 2023 ***, is hereby endorsed.***

Filed on January 30, 2023 ***, by the Administrator.***

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.

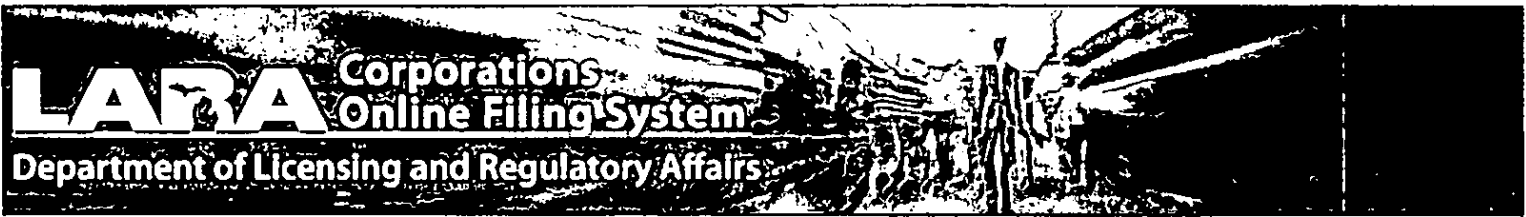


In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 30th day of January, 2023.

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau



Form Revision Date 07/2016

CERTIFICATE OF AMENDMENT TO THE ARTICLES OF INCORPORATION

For use by DOMESTIC PROFIT CORPORATION

Pursuant to the provisions of Act 284, Public Acts of 1972, the undersigned corporation executes the following Certificate:

The Identification number assigned by the Bureau is:

802573601

The name of the corporation is:

SILVERLINE MORTGAGE INC. ^
v

The Articles of Incorporation is hereby amended to read as follows:

Article I

The name of the corporation as amended, is:

SITA MORTGAGE INC

2. The foregoing amendment to the Articles of Incorporation proposed by the board was duly adopted on: 01/25/2023 by the
written consent of all the shareholders entitled to vote in accordance with Section 407(2) of the Act.

This document must be signed by an authorized officer or agent:

Signed this 25th Day of January, 2023 by:

Signature	Title	Title if "Other" was selected
Manish Zaveri	President	

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

Decline Accept