

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

L56428

AIB Mortgage Corporation

600003020466--7

-10/21/99--01036--002

*****43.75 *****43.75

name
Change
Amend

FILED
99 OCT 21 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
99 OCT 21 AM 10:00
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

☐ Art of Inc. File
☐ LTD Partnership File
☐ Foreign Corp. File
☐ L.C. File
☐ Fictitious Name File
☐ Trade/Service Mark
☐ Merger File
☒ Art. of Amend. File
☐ RA Resignation
☐ Dissolution / Withdrawal
☐ Annual Report / Reinstatement
☒ Cert. Copy
☐ Photo Copy
☐ Certificate of Good Standing
☐ Certificate of Status
☐ Certificate of Fictitious Name
☐ Corp Record Search
☐ Officer Search
☐ Fictitious Search
☐ Fictitious Owner Search
☐ Vehicle Search
☐ Driving Record
☐ UCC 1 or 3 File
☐ UCC 11 Search
☐ UCC 11 Retrieval
☐ Courier

Signature _____

Requested by: *CS*

Name _____

10/21

Date

9:35

Time

Walk-In _____

Will Pick Up _____

10/21/99

ARTICLES OF AMENDMENT TO THE
ARTICLES OF INCORPORATION OF
AIB MORTGAGE CORPORATION

FILED
99 OCT 21 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

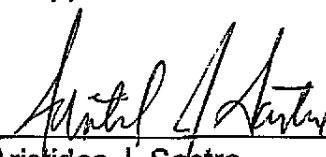
These Articles of Amendment to the Articles of Incorporation of **AIB MORTGAGE CORPORATION** are adopted pursuant to Section 607.1006 of the Florida Statutes.

1. The name of the Corporation is AIB MORTGAGE CORPORATION.
2. The following is the text of the amendment adopted by the Corporation:

Article 1.

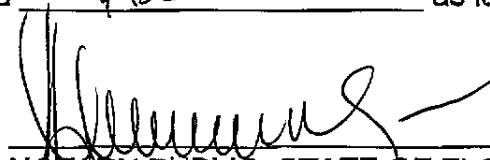
The name of this Corporation is CIMA
MORTGAGE BANKERS CORP.

3. The amendment set forth in paragraph 2 above was adopted as of October 14, 1999 by all of the shareholders of the Corporation. The number of votes cast for the amendment by the shareholders was sufficient for approval.


Aristides J. Sastre
Secretary

State of Florida)
)ss.
County of Dade)

The foregoing instrument was acknowledged before me this 15 day of October, 1999 by Aristides J. Sastre, as Secretary of CIMA MORTGAGE BANKERS CORP. He is personally known to me or has produced FDC as identification.


NOTARY PUBLIC, STATE OF FLORIDA,
My Commission Expires:

