

N060000004865

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

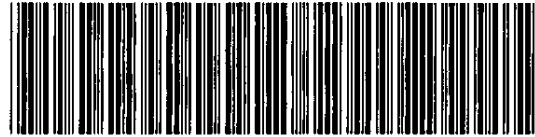
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Amend
@ 6.29.07



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUN 25 PM 12: 28

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LOW INCOME MORTGAGE SERVICES, INC.

DOCUMENT NUMBER: NO6000004865 *

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kwasi Malcz

(Name of Contact Person)

~~LOW~~ LOW INCOME MORTGAGE SERVICES INC

(Firm/ Company)

1025 NE 9th AVE # A2

(Address)

Fort Lauderdale Florida 33304

(City/ State and Zip Code)

For further information concerning this matter, please call:

Kwasi Malcz

(Name of Contact Person)

at (954) 625-5717

(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
(Additional copy is
enclosed)

☐ \$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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

LOW INCOME MORTGAGE SERVICES INC.

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

* N06000004865

(Document number of corporation (if known))

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Pursuant to the provisions of section 617.1006, Florida Statutes, this **Florida Not For Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article *
Number(s) and/or Article Title(s) being amended, added or deleted: (**BE SPECIFIC**)

ARTICLE V: OFFICERS; SECTION 2.

PLEASE DELETE AKIN AKINS

PLEASE ADD AKINTUNDE AKINBOYEWA TREASURER/
DIRECTOR

1700 CLEVELAND ST, UNIT 103

HOLLYWOOD, FL 33020

The date of adoption of the amendment(s) was: 6/20/07

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature Kwasi Malezi
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Kwasi Malezi

(Typed or printed name of person signing)

Chairman / PD

(Title of person signing)

FILING FEE: \$35