P0000000 4010

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | ∋ #) |
| PICK-UP | ☐ WAIT | MAIL. |
| (B̃ı | ısiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



900253224149

10/28/13--01006--020 **35.00



Amend Name (10) 11,1,13

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | RATION: Certified Hobers: P00000000401 | | orida, Inc. | | |
|--|--|--|--|--|--|
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | | | |
| Please return all corre | spondence concerning this mat | tter to the following: | | | |
| | Rosie Lorenzo | | | | |
| | | Name of Contact Person | n | | |
| | Certified Home Lo | | • | | |
| | | Firm/ Company | | | |
| | 9415 Sunset Driv | e, Suite # 274 | | | |
| | | Address | | | |
| | Miami, Florida 33 | 173-5430 | | | |
| | · · · · · · · · · · · · · · · · · · · | City/ State and Zip Cod | e | | |
| ton | y@tempecapital.c | rom | N. | | |
| 1011 | | ed for future annual report | matification) | | |
| | , in-mail address, (to be us | sed for future aimual report | notification) | | |
| For further information concerning this matter, please call: | | | | | |
| Rosie | | _{31,7} 305 | 740-1516 | | |
| Name | of Contact Person | Area Co | de & Daytime Telephone Number | | |
| Enclosed is a check for | r the following amount made p | payable to the Florida Depa | artment of State: | | |
| ■ \$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) | | |
| Amo Divi P.O. | ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314 | Amend Divisio Clifton | Address Iment Section on of Corporations Building executive Center Circle | | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



| Certified Home Loans of Florida, Inc. | Florida Dant of State) |
|---|---|
| (Name of Corporation as currently filed with the FP0000004010 | Florida Dept. of State) |
| (Document Number of Corporation (| if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation: | Florida Profit Corporation adopts the following amendment |
| A. If amending name, enter the new name of the corporation: | |
| DVF Advisory Group, Inc. | The new |
| name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ' word "chartered," "professional association," or the abbreviation | "Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable: | 9415 Sunset Drive |
| Principal office address MUST BE A STREET ADDRESS) | Suite # 274 |
| • | Miami, FL 33173-5430 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 9415 Sunset Drive |
| | Suite # 274 |
| | Miami, FL 33173-5430 |
| D. If amending the registered agent and/or registered office add new registered agent and/or the new registered of fice address | |
| Name of New Registered Agent | |
| 9415 Sunset Di | rive, Suite # 274 |
| (Florida str | reet address) |
| New Registered Office Address: Miami, FLorida | , Florida 33173-5430 |
| |) (Zip Code) |

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 <math>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 Jones | | | |
| X Add | <u>sv</u> | Sally Sm | <u>nith</u> | | |
| Type of Action (Check One) | <u>Title</u> | | Name | | Address |
| 1) Change | | _ | | | |
| Add Remove | | | | | |
| 2) Change | | | | | |
| Add Remove | | | | | |
| 3) Change | - | _ | | | |
| Add | | | | | |
| 4) Change | | _ | | | |
| Add Remove | | | | | |
| 5) Change | | _ | | | |
| Add Remove | | | | | |
| 6) Change | | | | | |
| Add | | _ | | | |
| Remove | • | | | | |

| Attach additional sheets, if necessary). | (Be specific) | | | |
|--|---|---|---------------------------------|---|
| | (Be specific) | | | |
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| If an amount may ider for an aval | ongo reclassification | or cancellation o | ficenad charas | |
| If an amendment provides for an exch | ange, reclassification | , or cancellation o | f issued shares, | |
| If an amendment provides for an exch provisions for implementing the ame (if not applicable indicate N/A) | ange, reclassification | , or cancellation o | f issued shares, ent itself: | |
| If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A) | ange, reclassification | , or cancellation o led in the amendm | f issued shares, ent itself: | |
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| provisions for implementing the ame | ange, reclassification | or cancellation o | f issued shares, ent itself: | |

| The date of each amendment(s) adoption | : Uctober | 29, 2013 | , if other than the |
|---|-----------------------------|--|---------------------|
| date this document was signed. | october a | 14 2. 2 | |
| Effective date if applicable: | | | |
| | (no more than 90 da | ys after amendment file date) | |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | | |
| The amendment(s) was/were adopted by by the shareholders was/were sufficient | | nber of votes east for the amendmen | nt(s) |
| The amendment(s) was/were approved must be separately provided for each versions. | | | ment |
| "The number of votes cast for the | | • • | |
| by | (voting group) | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | (voting group) | | |
| The amendment(s) was/were adopted by action was not required. | the board of directors with | nout shareholder action and shareho | older |
| The amendment(s) was/were adopted by action was not required. | the incorporators without | shareholder action and shareholder | |
| Dated Octob | 24, 201. | 3 | |
| Signature | | | |
| (By a director, selected, by an | | - if directors or officers have not be nds of a receiver, trustee, or other c | |
| Anth | ony L. Davide | | |
| | (Typed or print | ed name of person signing) | |
| Pres | dent | | |
| | (Title o | f person signing) | |