## 120100092971

(Re	questor's Name)	
(Ad	dress)	<del></del>
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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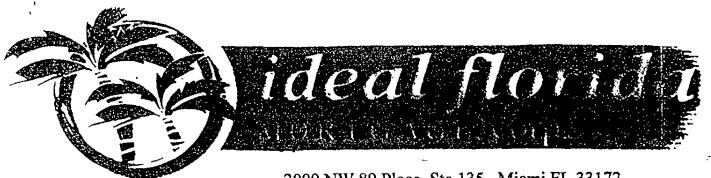


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75 - 18/05 Amend



2000 NW 89 Place, Ste 135, Miami FL 33172 Phone: (305) 463-5333 / Fax: (305) 463-5344

June 30, 2005

## To Whom It May Concern:

The return address is 9733 SW 133 Pl, Miami FL 33186 and the telephone is (305) 733-0479 or (305) 463-5333.

Sincerely,

Michael A. Merino Treasurer

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION: _	IDEAL	FLORIDA	Mortgage	CORP.
DOCUMENT NU	MBER:	P010000	092971		
The enclosed Artic	cles of Amendme	ent and fee are s	ubmitted for filir	ng.	
Please return all co	orrespondence co	ncerning this m	atter to the follo	wing:	
	M	CHAEL A	MERIN	0	
	IDEAL	FLORIDA (Firm/C	MORTGAE Company)	15, CORF	·
	9733	SW 1:	33 PL.		- Taganishan
<del></del>	MIAL	11, FL 3 (City/State/	3186 and Zip Code)		
For further inform	ation concerning	this matter, plea	ase call:		
	A · MEKIN e of Contact Person		at ( <u>305</u> (Area Cod	733-04 le & Daytime Telep	19 hone Number)
Enclosed is a chec	k for the following	ng amount:			
\$35 Filing Fee	☐ \$43.75 Filin Certificate o		☐ \$43.75 Filing f Certified Copy (Additional co enclosed)	<i>†</i>	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.C	iling Address endment Section ision of Corpora b. Box 6327 lahassee, FL 323	tions	Amend Divisio 409 E.	Address Iment Section on of Corporation Gaines Street Issee, FL 32399	as

Articles of Amendment to Articles of Incorporation of

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

Po1000092971

(Document number of corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")	
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A."	)

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

ARTICLE I (CHANGING TIT	les):
MICHAEL A. MERINO	CARHON C. ZAPATA
9733 SW 133 PL	8820 Sw 132 PL, # 204
MIAMI, FL 33186	MIAMI, FL 33186
TREASUREK	PRESIDENT
***************************************	
(Attach ado	ditional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

N/A		 
,		
<del>- ' · ' · · · · · · · · · · · · · · · · </del>	 	 

(continued)

The date of each amendment(s) adoption: JULY 1, 2005
Effective date if <u>applicable</u> : JUH 1, 2005  (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval by
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action as shareholder action was not required.
Signed this 30 day of JUNE 2005.  Signature (By a director, president or other officer - if directors of officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Michael A. Merino (Typed or printed name of person signing)
TOFACIDEN

FILING FEE: \$35

(Title of person signing)