Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : BEATRIZ M. CAPOTE, P.A.

Account Number : I19990000052 Phone : (305)374-1555

Fax Number : (305)374-0908

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** **

7	-	Address:	
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COR AMND/RESTATE/CORRECT OR O/D RESIGN SEBRING MORTGAGE INVESTORS, INC.

Certificate of Status	0
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Corporate Filing Menu

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Articles of Amendment

Artic	to cles of Incorporatio) D		
	of	_		
SEBRING MORTGAG	SE INVESTORS	5, INC		
(Name of Corporation as currently	filed with the Florid	a Dept. of State)		
	072662			
·	of Corporation (if know	,		
Pursuant to the provisions of section 607.1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes, this Fi	lorida Profit Corporation	adopts the foll	lowin
A. If amending name, enter the new name of the	corporation:			
name must be distinguishable and contain the w	vord "corporation."	"company" or "incorr	The new	
abbreviation "Corp.," "Inc.," or Co.," or the designame must contain the word "chartered," "profession	gnation "Corp," "Inc.	" or "Co". A profession	nal corporation	I
B. Enter new principal office address, if applicab				
(Principal office address <u>MUST BE A STREET AD</u>	<u>DRESS</u>) 	·		
	,			***
C Enter your mailing address if applicables	 -			CTTONS.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox</u>)		一	T
·				
			<u> </u>	
D. If amending the registered agent and/or register	ered office address in	Florida, enter the name	of the	
new registered agent and/or the new registered	l office address:	•		
Name of New Registered Agent:				
New Registered Office Address:	(Florida street ac	idress)		
		, Florida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Re-	gistered Agent:			
hereby accept the appointment as registered agent.	I am familiar with an	d accept the obligations (of the position.	
Signath	re of New Registered	Agent if changing		
DIS INTE	vy Atem Alegister Eur.	WANN A CHANKING		

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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)

<u>Title</u>	Name	Address	Type of Action	
<u> </u>	EDY ORTEGA	9221 S.W. 66 STREET MIAMI, FLORIDA 33173	_	
<u>P/S</u>	CARLOS M. CAPOTE	109 East Rivo Alto Drive Miami Beach, Florida 33139	_ ☑ Add _ ☐ Remove	
E. If amen (attach a	ding or adding additional Articles, endditional sheets, if necessary). (Be s	nter change(s) here: pecific)		
		,		
			·	
provisi	mendment provides for an exchange, ons for implementing the amendmen	reclassification, or cancellation of it is not contained in the amendmen	ssued shares, t itself:	
(if)	not applicable, indicate N/A)			
				

H11 0 00257119 3	10/20/14
The date of each amendment(s)	adoption: 10/20/11
Effective date if applicable:	(date of adoption is required)
(n	o more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	oting group)
(vc	ting group)
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated_Octobe	r 26, 2011
Signature	
selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	CARLOS M. CAPOTE
_	(Typed or printed name of person signing)
	PRESIDENT
_	(Title of person signing)