# P03000011612

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#### TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: CITY CAPITAL MORTGAGE CENTER, INC.			
DOCUMENT NUMBER: P030000 11612			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
EMILIO RIZO SR.  (Name of Person)			
CITY CAPITAL MORTGAGE CENTER, Inc. (Name of Firm! Company)			
8161 S.W. 40 57 (Address)			
MIAMI FL 33153  (City/State/ and Zip Code)			
For further information concerning this matter, please call:			
EMILIO RIZO JZ. at (305) 265-9640 (Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$35 Filing Fee \$\times \text{S43.75 Filing Fee & Certificate of Status}\$\$ Certificate of Status (Additional copy is enclosed) \$\text{is enclosed}\$\$ \$\times \text{S2.50 Filing Fee & Certificate of Status}\$\$ (Additional Copy is enclosed)			
Mailing AddressStreet AddressAmendment SectionAmendment Section			

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Amendment Section Division of Corporations

409 E. Gaines Street Tallahassee, FL 32399



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 7, 2004

CITY CAPITAL MORTGAGE CENTER, INC. % EMILIO RIZO, SR. 8161 SW 40TH ST. MIAMI, FL 33155

SUBJECT: CITY CAPITAL MORTGAGE CENTER INC. Ref. Number: P03000011612

We have received your document for CITY CAPITAL MORTGAGE CENTER INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing the proper form(s) with instructions for your convenience.

These changes can also be made on your Annual Report.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Anna Chesnut Document Specialist

Letter Number: 404A00001044

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## Articles of Amendment . 'to Articles of Incorporation of

### CITY CAPITAL MORTGAGE CENTER, Inc. (Name of corporation as currently filed with the Florida Dept. of State)

	of section 607.1006, Florida Statutes, this Florid dment(s) to its articles of incorporation:	a Profit Corporation
NEW CORPORATE NA	ME (if changing):	To Take
(must contain the word "corpo	oration," "company," or "incorporated" or the abbreviation	"Corp.," "Inc.," or "Co.")
added or deleted: (BE SPE	<del></del>	.,
AMEND->S	MBSCRIBER AND INITI	AL PIRECTO
AIDA L. FER	NANDEZ CESIGNS AS PI	RESIDENT AND
EMILIO RIZO	IR IS ELECTED PRESID	DENT AND D
EMILIO RIZO	SR IS EXECTED VICE	- PRESIDEN
TREASURER	SECRETHRY AND DIRE	CTOR
	CARDOSO IS ELECTED	
	(Attach additional pages if necessary)	
	, , ,	
-	for exchange, reclassification, or cancellation of i dment if not contained in the amendment itself: (	* <b>±</b>
m/n		

(continued)

202 302 302 S02 S02

The date of each amendment(s) adoption: DECEMBER 39, 2003
Effective date if applicable: DECEMBER 30, 2003 (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)
(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 and shareholder action was not required.
Signed this 30 day of PECEMBER 2003
Signature  (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
EMILIO RIZO SR.  (Typed or printed name of person signing)
SECRETARY (Title of person signing)

FILING FEE: \$35