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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Express Mortgage Lending Corp.

DOCUMENT NUMBER: P03000011636

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

Please return all correspondence concerning this matter to the following:

Norma Strydio

Name of Contact Person

Firm/ Company

6435 Coral Way

Address

Miami, FL 33155

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Norma Strydio

Name of Contact Person

at ( 305 )

663-7272

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

**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

Express Mortgage Lending Corp.

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

P03000011636

(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:

**A. If amending name, enter the new name of the corporation:**

Housing and Finance Clinics, Inc.

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

*(Principal office address MUST BE A STREET ADDRESS)*

**C. Enter new mailing address, if applicable:**

*(Mailing address MAY BE A POST OFFICE BOX)*

**D. If amending the registered agent and/or registered office address in Florida, enter the name of new registered agent and/or the new registered office address:**

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City)

, Florida  
(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

Signature of New Registered Agent, if changing

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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>D</u>	<u>Jorge Rodriguez</u>	<u>6435 Coral Way</u> <u>Miami, FL 33155</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>S</u>	<u>Noeli Sanchez</u>	<u>6435 Coral Way</u> <u>Miami, FL 33155</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>D; VP</u>	<u>Diego Ballina; Felix S.</u>	<u>Note: Please remove Diego</u> <u>Ballina and Felix Sanchez</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**

(attach additional sheets, if necessary). (Be specific)

Article I - Name: The name of this corporation is Housing and Finance Clinics, Inc.

Article III - Purpose: The purpose of this corporation is to engage in any and all lawful business.

Article VI - Board of Directors: The Board of Directors of Housing and Finance Clinics, Inc. consists of two [2] members. The names of the two [2] members of the Board of Directors are: Norma Strydio; Jorge Rodriguez. The office address of the Board of Directors is: 6435 Coral Way, Miami, FL 33155

**F. If an amendment provides for an 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)

Article IV - Capital Stock: The aggregate number of shares which the Corporation shall have authority to issue is One Thousand [1,000] shares of common stock, all of which are to have a par value of One Cent [\$0.01] per share. The One Thousand [1,000] shares of common stock are owned between the two [2] owners and shareholders of Housing and Finance Clinics, Inc.

The date of each amendment(s) adoption: September 15, 2009  
(date of adoption is required)  
Effective date if applicable: September 15, 2009  
(no more than 90 days after amendment file date)

**Adoption of Amendment(s) (CHECK ONE)**

☒ The amendment(s) was/were adopted 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 and shareholder action was not required.

Dated 9-15-09

Signature Norna Strydio

(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)

NORNA STRYDIO  
(Typed or printed name of person signing)

Director  
(Title of person signing)