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COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: FLOTIDA
DOCUMENT NUMBER: P 0 3 0000 47685
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person LENDING CONSULTANTS OF PAITERICA Firm/ Company Address
LENDING CONSULTANTS OF AITERICA
18430 Bent Pine DR
Address FL 34667 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (737) 858-6632 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to	
Articles of Incorp	poration
Lending Consulta	NTS OF AMERICA INC
(Name of Corporation as currently filed with the Flor	
Po3 0000 4	7685
(Document Number of Corporation (if ki	nown)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Fla</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	312FINDER, INC The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co word "chartered," "professional association," or the abbreviation "P.,	". A professional corporation name must contain the 4."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	16460 SW 15+H CT OCAIA FL 34473
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	16460 SW 15+H CT OCATA FL 34473
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: Name of New Registered Agent 77995	Colton
New Registered Office Address: OCA A	J 15+H CT address) Florida × 34473 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	n and accept the orthizations of the position.

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 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: XChange	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	SV	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove			
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove	<u></u>	<u></u>	
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
CHANGE NAME FROM LENDING CONSULTA OF AMERICA INC	NTS
TO: BIZFINDER INC	
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)	
The state of the s	

	The date of each amendment(s) adoption: 3-20-2012
	Effective date if applicable: 3-70-7017 (no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
	Adoption of Amendment(s) (CHECK ONE)
\011)	The amendment(s) was/were adopted by the shareholders. The number of votes east 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 east 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
	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)
	JAMES Cotton
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)