

P04000 56590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

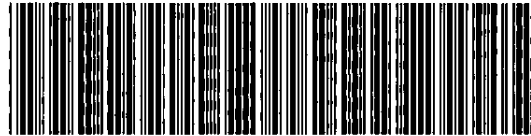
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09 MAY 11 PM 2:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

6/9/09
5/15/09
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SOLUTION 1 MORTGAGES INC

DOCUMENT NUMBER: 04000156590

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

Please return all correspondence concerning this matter to the following:

SANDRA GERALDO
Name of Contact Person

SOLUTION 1 MORTGAGES INC
Firm/ Company

8384 SW 42ND CT
Address

DAVIE FL 33328
City/ State and Zip Code

SOLUTION1BROKER@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANDRA GERALDO at (954) 236 9900
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|--|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed) | <input type="checkbox"/> \$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

SOLUTION 1 MORTGAGES INC

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

P04 000156590

(Document Number of Corporation (if known))

FILED
MAY 11 PM 2:11
SECRETARY OF FLORIDA
TALLAHASSEE

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:

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)

4801 S. UNIVERSITY DR
SUITE 217
DAVIE FL 33328

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

8384 SW 42ND CT
DAVIE FL 33328

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

Name of New Registered Agent:

SANDRA GIRALDO

New Registered Office Address:

8384 SW 42ND CT

(Florida street address)

DAVIE

(City)

, Florida
(Zip Code)

33328

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.

Sandra Giraldo
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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	DARREN RAGODNANAN	8384 SW 42ND CT DAVIE FL 33328	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
 (attach additional sheets, if necessary). (Be specific)

SANDRA GIRALDO AS 100% OWNER

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)

SANDRA GIRALDO AS 100 % OWNER

The date of each amendment(s) adoption: 05/07/2009
Effective date if applicable: 05/07/2009
(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 05/07/09

Signature Sandra Giraldo
(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)

SANDRA GIRALDO
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)