P04000170823

| questor's Name) | |
|-------------------|--|
| dress) | |
| dress) | |
| y/State/Zip/Phone | = #) |
| ☐ WAIT | MAIL MAIL |
| siness Entity Nan | ne) |
| cument Number) | |
| _ Certificates | s of Status |
| Filing Officer: | |
| | |
| | |
| | |
| | dress) dress) y/State/Zip/Phone WAIT siness Entity Nar cument Number) Certificates |





700061897357

12/09/05--01026--022 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORE | PORATION: Independe | ent Mortgage Capital, In | C |
|---|---|--|---|
| DOCUMENT NU | MBER:P04000170 | 0823 | |
| The enclosed Artic | eles of Amendment and fee a | are submitted for filing. | |
| Please return all co | prespondence concerning th | is matter to the following: | |
| | | lle Jaen | ···· |
| | (Name | of Contact Person) | |
| | Independent | Mortgage Capital, Inc. | |
| | (Fi | rm/ Company) | |
| | 8603 S. Dixi | e Hwy, Suite 209 | |
| | | (Address) | |
| | Miami. F | lorida 33143 | |
| | · · · · · · · · · · · · · · · · · · · | tate and Zip Code) | |
| For further informa | ation concerning this matter, | please call: | |
| Noelle | | at (305) 403-4 | |
| (Name | e of Contact Person) | (Area Code & Daytin | ne Telephone Number) |
| Enclosed is a check | for the following amount: | | |
| ☑ \$35 Filing Fee | S43.75 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 Ac Amendmen Division of P.O. Box 67 Tallahassee | t Section Corporations 327 | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center O | |

Articles of Amendment to Articles of Incorporation

| FILED | | | ED |
|------------|-----|----|-----------|
| <i>u</i> 5 | DEC | -9 | AM (0: 00 |

| | of | -20 -9 | AM (0: 00 |
|--|-------------------------------|--------------------|--------------|
| | ortgage Capital, Inc. | TALLAHASSET | FSIATE |
| (Name of corporation as curren | atly filed with the Florida D | Dept. of State) | FLURIDA |
| P0400017 | | | |
| (Document number | er of corporation (if known) |) | |
| Pursuant to the provisions of section 607.1006, adopts the following amendment(s) to its Article | | lorida Profit Corp | oration |
| NEW CORPORATE NAME (if changing): | | _ | |
| (Must contain the word "corporation," "company," or "in (A professional corporation must contain the word "chart | | | |
| AMENDMENTS ADOPTED- (OTHER THA and/or Article Title(s) being amended, added or | | | lumber(s) |
| Change in principal officer and re | gistered agent. | | |
| Please remove Leonardo Jaen as p | rincipal officer an | d registered a | gent. |
| Please add Noelle Jaen as principal of | officer (president) | and registered | agent. |
| | | | |
| | | | |
| | | | |
| | | · ······ | . |
| | | | |
| | | | |
| (Attach additi | onal pages if necessary) | | |
| If an amendment provides for exchange, reclass for implementing the amendment if not contain | | | |
| | | | |
| | | | |

(continued)

| The date of each amendment(| s) adoption: 12/05/2005 |
|--|---|
| Effective date if applicable: | |
| | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) v the amendment(s) by | vas/were approved by the shareholders. The number of votes cast for the shareholders was/were sufficient for approval. |
| | was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote mendment(s): |
| "The number of | votes cast for the amendment(s) was/were sufficient for approval by |
| | (voting group) |
| The amendment(s) we and shareholder action | vas/were adopted by the board of directors without shareholder actior on was not required. |
| The amendment(s) we shareholder action w | vas/were adopted by the incorporators without shareholder action and vas not required. |
| selecte | rector, president or other officer - if directors or officers have not been d, by an imporporator - if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary) |
| | (Typed or printed name of person signing) |
| | tresident |
| | (Title of person signing) |

FILING FEE: \$35