# POS000081347

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06 SEP 28 PM 2: 10

15 9/29/00 Amend



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 11, 2006

MARGIE ROGUE ROQUE ACCOUNTING SERVICE, INC. 350 SW 56 AVENUE MIAMI, FL 33134

SUBJECT: TRUST LENDING SERVICES, INC

Ref. Number: P05000081347

We have received your document for TRUST LENDING SERVICES, INC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

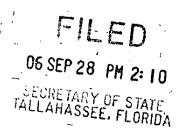
The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson Document Specialist Supervisor

Letter Number: 106A00054744

## Articles of Amendment to Articles of Incorporation of



### TRUST LENDING SERVICES, INC

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

P05000081347		
(Document number of corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:		
NEW CORPORATE NAME (if changing):		
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")		
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)		
REMOVE CHARLES R. GUGLIUZZA FROM REGISTER AGENT POSITION		
AND ADD HUMBERTO CAMPORINO AS REGISTER AGENT		
2805 JW 129 AVE		
2805 JW 129 AVE Miamy 78 33175		
•		
•		
(Attach additional pages if necessary)		
If an amendment provides for 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		
SHARES OWNERSHIP: HUMBERTO CAMPORINO 100%		
(continued)		

The date of each amenda	nent(s) adoption: 08/25/2006
Effective date if applicable	le: 08/25/2006
	(no more than 90 days after amendment file date)
Adoption of Amendment	(s) ( <u>CHECK ONE</u> )
	t(s) was/were approved by the shareholders. The number of votes cast for (s) by the shareholders was/were sufficient for approval.
following staten	t(s) was/were approved by the shareholders through voting groups. The ment must be separately provided for each voting group entitled to vote are amendment(s):
"The numbe	er of votes cast for the amendment(s) was/were sufficient for approval by
-	(voting group)
	t(s) was/were adopted by the board of directors without shareholder action action was not required.
	t(s) was/were adopted by the incorporators without shareholder action and on was not required.
(B)	y a director, president or other officer - if directors or officers have not been elected, by an incorporator - if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)  HUMBERTO CAMPORINO
	(Typed or printed name of person signing)
<u>1</u>	PRESIDENT
	(Title of person signing)

FILING FEE: \$35

### CERTIFICATE OF DESIGNATION REGISTERED AGENTIREGISTERED OFFICE

Pursuant to the provisions Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation:

TRUST LENDING SERVICES, INC.

2. The name and address of the registered agent and office is:

HUMBERTO CAMPORINO 2805 SW 129 AVE. MIAMI,, FL 33175

SINGNATURE:

7

TITLE: PRESIDENT

DATE: AUG, 25,2006

HA VINO BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORA TJON, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND J FURTHER AGREE TO COMPL Y WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND J AM FAMILIAR WITH AND. ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT. OR IF THIS DOCUMENT IS BEING FILED MERELY TO REFLECT A CHANGE IN THE ~GISTERED OFFICE ADDRESS, I HEREBY CONFIRM THAT THE CORPORA NON HAS BEEN NOTIFIED IN WRITING OF THIS CHANGE.

SIGNATURE: Hemlte Cay

TITLE: PRESIDENT

DATE: AUG 25,2006