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PICK-UP	☐ WAIT	MAIL
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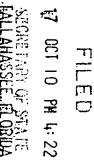
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## COVER LETTER

TO: Amendment Section

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: Embassy Loans, Inc. DOCUMENT NUMBER: \_\_\_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Ben Lash
Name of Contact Person Embassy Loans Inc. 0000 Stirling Rd. Str. 5 Cooper City, FL 33024 BL @ embassy loans. com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ben Lash
Name of Contact Person at (954) 862 - 8694 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address

Street Address

Clifton Building

Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, F1, 32301

## Articles of Amendment to Articles of Incorporation

of

Embassy Loans, Inc.		
	filed with the Florida Dept. of State)	
PO5000	163807	
(Document Number of		
Pursuant to the provisions of section 607,1006, Florida Statutes, this $F$ its Articles of Incorporation:	Torida Profit Corporation adopts the follow	ving amendment(s) to
A. If amending name, enter the new name of the corporation:		
		Tt.
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Covord "chartered," "professional association," or the abbreviation "I	o". A professional corporation name mu-	The new abbreviation st contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SECRETAL FILE
D. If amending the registered agent and/or registered office address:  Name of New Registered Agent	ss in Florida, enter the name of the	ED R 4: 2
		₩° 2
(Florida stree	rt address)	_
New Registered Office Address:	, Florida	
	· · · · · · · · · · · · · ·	ip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi		1.
Signature of New Re	gistered 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: <u>X</u> Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
<u>X</u> Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
l) Change	V Louis Ancona	2722 Montevideo Ave
Add		Cooper City, FL 33026
Remove		
2) Change		
Add		
Remove		
3 ) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

	adding additional Arti ad sheets, if necessary).		ge(x) nere:			
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provisions for (if not app	ent provides for an exchemplementing the amerodicable, indicate N/A)  SSy Loans (	ndment if not co	ontained in t	he amendmer	it itself:	Commen
stock	ssy Loans for Lo	uis And	cona,	and La	oric Anc	iona is
	onger an					
	resy Loans -	The	nu	owners	Kip str	outure is
<u> </u>	follows:					
	46.4285	_		•		
	42.8571				Pres	idant
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The date of each amendment(s) adoption: \( \sum_{\cup \cup \cup \cup \cup \cup \cup \cup	, if other than the
Effective date if applicable: 2017  (no more than 90 days after amendment file date)	
The most many after amening the active	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date widdocument's effective date on the Department of State's records.	ll not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ 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 10/4/2017 Signature 11/12	
(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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	