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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	= #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies Certificates of Status		
Cu anial Instructions to	Filia - Office -	
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DIRE	ect Funding 6	ROUP, JU
DOCUMENT NUMBER:	000096779	····
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning t	this matter to the following:	
Scott	Ceven Mal	
(Nam	e of Contact Person)	
(I	Firm/ Company)	
9713	NA-Poliwoods (Address)	Care
De May	Beach F.L. State and Zip Code)	33446
For further information concerning this matte		
Scott Leven That (Name of Contact Person)	at (561) 859 (Area Code & Daytime Tel	200Z_ ephone Number)
Enclosed is a check for the following amount:	:	
\$35 Filing Fee \$43.75 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 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

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

P07000096779				
(Document number of corporation (if known)	·	•		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit</i> adopts the following amendment(s) to its Articles of Incorporation:	t Corpo	ration		
NEW CORPORATE NAME (if changing): 5 TOP FORECLOSURE CONSULT (Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "I (A professional corporation must contain the word "chartered", "professional association," or the ab	nc.," or " breviatio	Co.") n "P.A.	.")	INC
and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	ticle ivu	·	3)	•
THE PRINCIPAL, MAILING, REGISTERED AGENT AND				
OFFICER/DIRECTOR ADDRESS SHALL BE CHANGED TO	0:		-	
9713 NAPOLI WOODS LANE	SEC	80	-	
DELRAY BEACH, FL 33446	RE T	FE8	77	
	SSE	28	- AZZERIAN CONTRACT	
·	- 20			.
	JAIK 31V	0	_	
	•		-	
			-	
(Attach additional pages if necessary)	•		-	
If an amendment provides for exchange, reclassification, or cancellation of issued s for implementing the amendment if not contained in the amendment itself: (if not approximately appr				
			-	
			-	

(continued)

The date of each amendment(s) adoption: 2-26-2008
The date of each amendment(s) adoption: $2-36-2008$ Effective date if applicable: $3-36-2008$ (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved 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.
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)
Scott Lever Mal
(Typed or printed name of person signing)
Président
(Title of person signing)

FILING FEE: \$35