

P07000131321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

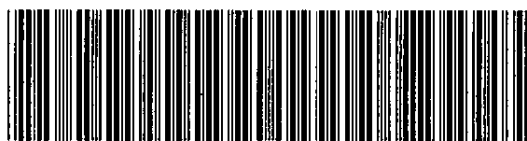
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300144159853

03/02/09--01009--004 **43.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAR 13 PM 4:21

Amend/Name
chg
cc
10 3/13/09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: KWIK MORTGAGE CORP.

DOCUMENT NUMBER: P07000131321

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

Please return all correspondence concerning this matter to the following:

KABIR LEON

(Name of Contact Person)

KABIR LEON, P.A. d/b/a KWIK MORTGAGE CORP.

(Firm/ Company)

2724 S.W. 34 AVENUE, SUITE #4

(Address)

MIAMI, FLORIDA 33133

(City/ State and Zip Code)

For further information concerning this matter, please call:

KABIR LEON

(Name of Contact Person)

at (**305**) **300-2313**

(Area Code & Daytime Telephone Number)

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

☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2009

KABIR LEON
KWIK MORTGAGE, CORP.
2724 S.W. 34 AVENUE - SUITE #4
MIAMI, FL 33133

SUBJECT: KWIK MORTGAGE, CORP.
Ref. Number: P07000131321

We have received your document for KWIK MORTGAGE, CORP. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 809A00007357

*Please see attached corrected amendment.
Thank you!*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 MAR 13 AM 8:00

RECEIVED

Articles of Amendment
to
Articles of Incorporation
of
KWIK MORTGAGE CORP.

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

P07000131321

(Document Number of Corporation (if known))

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:

KABIR LEON, P.A.

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)

2724 S.W. 34 AVENUE

SUITE #4

MIAMI, FLORIDA 33133

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

2724 S.W. 34 AVENUE

SUITE #4

MIAMI, FLORIDA 33133

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:

KABIR LEON

New Registered Office Address:

2724 SW 34 AVENUE #4

(Florida street address)

MIAMI

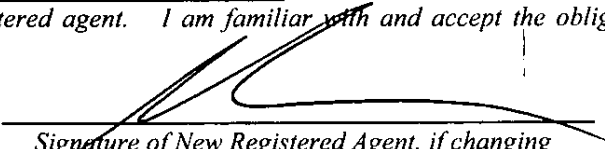
(City)

Florida 33133

(Zip Code)

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.


Signature of New Registered Agent, if changing

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAR 13 PM 4:21

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input 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)

REAL ESTATE MORTGAGES

PROFESSIONAL SERVICES

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)

N/A

The date of each amendment(s) adoption: 02/13/2009

Effective date if applicable: _____
(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 02/20/2009

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)

KABIR LEON

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)