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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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C. LEWIS NOV 1 8 2013 **EXAMINER**

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

Rebelo Real Estate International Mortgage & Financing Network, Inc. NAME OF CORPORATION: P07000132462 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Roni Rebelo Name of Contact Person Rebelo Real Estate International Mortgage & Financing Network, Inc. Firm/ Company 13611 South Dixie Highway, 546, Address Palmetto Bay, Florida 33176 City/ State and Zip Code RoniRebelo@RebeloMortgages.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 285.9203 ext.705 Roni Rebelo Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 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 Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

APPROVED AND FILED

Articles of Amendment to Articles of Incorporation

13 NOV 12 AM 11: 17

of

| Financing Nets Dept. of State) Profit Corporation ado mpany, " or, "incorporation professional corporation ado 25 Southwest " | pts the following ated" or the abo on name must co | amendment(s) The new breviation |
|--|--|--|
| Profit Corporation ado mpany," or, "incorporation of the professional corporation of the prof | ated" or the abo | The new breviation |
| Profit Corporation ado mpany," or "incorporation or professional corporation corporation or professional corporation or professional corporat | ated" or the abo | The new breviation |
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| 25 Southwest 1 | 150 01 | |
| | 8925 Southwest 158 Street | |
| Imetto Bay, Flor | rida 33157 | |
| N/A | | |
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| Torida, enter the name | of the | |
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| ess) | | |
| , Florida | | |
| | (Zip Code) | |
| | N/A N/A Florida, enter the name | N/A N/A Florida, enter the name of the |

Signature of New Registered 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.

| <u>PT</u> <u>J</u> | ohn Doe | |
|--------------------|---|--|
| <u>v</u> <u>n</u> | Mike Jones | |
| <u>sv</u> <u>s</u> | Sally Smith | |
| <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| N/A | N/A | N/A |
| | | N/A |
| | | N/A |
| N/A | N/A | N/A |
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| | | N/A |
| | Y N S S S S S S S S S S S S S S S S S S | Y Mike Jones SV Sally Smith Title Name N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A |

| (Atta | nending or adding additional Articles, enter change(s) here: ch additional sheets, if necessary). (Be specific) |
|-------------------------------|---|
| N/A | |
| F. <u>If an</u> pro N/A | amendment provides for an exchange, reclassification, or cancellation of issued shares, visions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) |
| N/A | |

APPROVED AND FILED

| The date of each amendment(s) adoption: | November 08, 20133 NOV 12 AM 11: 17, if other than the | | | |
|--|---|--|--|--|
| date this document was signed. | | | | |
| Effective date if applicable: | SECRETARY OF STATE November 15, 2013TALLAHASSEE, FLORIDA | | | |
| (no more than 90 days after amendment file date) | | | | |
| Adoption of Amendment(s) | CHECK ONE) | | | |
| The amendment(s) was/were adopted by by the shareholders was/were sufficient f | the shareholders. The number of votes cast for the amendment(s) for approval. | | | |
| | y the shareholders through voting groups. The following statement ting group entitled to vote separately on the amendment(s): | | | |
| "The number of votes cast for the a | mendment(s) was/were sufficient for approval | | | |
| by NA | (voting group) | | | |
| • | (voting group) | | | |
| The amendment(s) was/were adopted by action was not required. | the board of directors without shareholder action and shareholder | | | |
| The amendment(s) was/were adopted by action was not required. | the incorporators without shareholder action and shareholder | | | |
| Dated November | er 08/, 2013 | | | |
| Signature | | | | |
| (By a director, p selected, by an | president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court iary by that fiduciary) | | | |
| | Roni Rebelo | | | |
| | (Typed or printed name of person signing) | | | |
| | C.G.M. | | | |
| | (Title of person signing) | | | |