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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Secured Involment Lending Corporation
The enclosed Articles of Amendment and fee are submitted for filing.
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
L. Hope Richards
Name of Contact Person
Richards Law firm, PA.
151 Southhall line Suite 230
Moitland, FL 32751 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Hope Richards at (401) 539-0781
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations B.O. Roy 6227 Cliffor Division Street Address Amendment Section Division of Corporations Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

		to Articles of Incor	poration		
Sm and	Lacarteriot	loading of	anosation	三	4
	Name of Corp	oration as currently t	iled with the Florida D	ent. of State)	8
		01243		7	\ *-
	1,00000 A	Oocument Number of C	orporation (if known)		<u>ي</u>
Pursuant to the provision its Articles of Incorporation	ns of section 607.1006, F			adopts the following amendr	い nent(s) to
A. If amending name,	enter the new name of t	he corporation:			
				The ne	2147
"Corp.," "Inc.," or Co	ishable and contain the o.," or the designation "fessional association," o	Corp," "Inc," or "Co	". A professional corp	rporated" or the abbreviation or the abbreviation or the contain to	on
	l office address, if appli				-
(Principal office addres	s <u>MUST BE A STREET</u>	ADDRESS)			
					-
					-
C. Enter new mailing		E BAY			
(Mailing address <u>M</u>	AY BE A POST OFFICE	<u>E BOX</u>)			-
					-
D. Třemen New Alexandr					-
	<u>cistered agent and/or re</u> nt and/or the new regist		s in Fiorida, enter the i	name of the	
12-10					
<u>Name of New I</u>	Registered Agent				
		(Florida street			
		(ғ юғша мгееі	uauressj		
<u>New Registered</u>	1 Office Address:		ity)	, Florida(Zip Code)	-
		, c	ny)	(Zip Coue)	
	's Signature, if changing				
I hereby accept the appe	ointment as registered ag	ent. I am familiar wit	h and accept the obligat	ions of the position.	
		Signature of New Reg	istered Agent, if changing	19	

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: X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	1	Ernet C Aulls	1485 International Ptus
X Add			Ste 1031
Remove			Lake Many, FL 32Hb
2) Change			
Add			
Remove			A STATE OF THE STA
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5)Change		_	
Add			
Remove			
6) Change		_	
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
 	
	
•	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
	nament if not contained in the amenament itself:
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
provisions for implementing the ame (if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	

date this document was signed.
Effective date if applicable: December 1, 2016 (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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)
(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 Way 11, 2017
Signature (C.
(Typed or printed name of person signing)
(Title of person signing)