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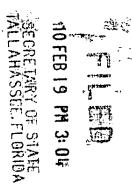
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| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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Anavel C.COULLIETTE FEB 2 2 2010

EXAMINER

COVER LETTER

| TO: Amendment Section Division of Corporations | • · · |
|--|--|
| NAME OF CORPORATION: Homes AND | LOANS INTERNATIONAL REALKY AND PROMIT |
| DOCUMENT NUMBER: P10000 | 007440 |
| The enclosed Articles of Amendment and fee are su | abmitted for filing. |
| Please return all correspondence concerning this ma | atter to the following: |
| BERNALD J. CA | of Contact Person |
| Himes AND LOANS IN | TOTNATIONAL REALTY AND PROPERTY TIM/ Company MANAGEMENT CONF |
| Fi | rm/Company MANAGEMENT COM |
| 3589 She | Address MATCHER TO STATE OF |
| | Address |
| 116750 | tate and Zip Code Bellsouth NCT future annual report notification) |
| For further information concerning this matter, plea | se call: |
| SAY CANASO UI//O Name of Contact Person | at (454) 270 -5292 Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount made | payable to the Florida Department of State: |
| Service Certificate of Status | ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) 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

| mending name, enter the new name of the corporation: must be distinguishable and contain the word "corporation," "company," or "incorporate attion "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional coust contain the word "chartered," "professional association," or the abbreviation "P.A." er new principal office address, if applicable: pal office address MUST BE A STREET ADDRESS) ter new mailing address, if applicable: itling address MAY BE A POST OFFICE BOX) mending the registered agent and/or registered office address in Florida, enter the name of the registered agent and/or the new registered office address: | (Name of Corporation as curren | tly filed with the Florid | a Dept. of State) | Z MA NAGO |
|---|--|----------------------------------|----------------------|----------------------|
| niation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional construction the word "chartered," "professional association," or the abbreviation "P.A." ter new principal office address, if applicable: ipal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Ipaling address MAY BE A POST OFFICE BOX) Amending the registered agent and/or registered office address in Florida, enter the name of the registered agent and/or the new registered office address: | (Document Numb | per of Corporation (if kno | wn) | _ |
| must be distinguishable and contain the word "corporation," "company," or "incorporate iation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional constitute of the word "chartered," "professional association," or the abbreviation "P.A." ter new principal office address, if applicable: ipal office address MUST BE A STREET ADDRESS) ter new mailing address, if applicable: alling address MAY BE A POST OFFICE BOX) mending the registered agent and/or registered office address in Florida, enter the name of the vegistered agent and/or the new registered office address: | | Florida Statutes, this Fl | lorida Profit Corpor | ration adopts the |
| amending the registered agent and/or registered office address in Florida, enter the name of twee registered agent and/or the new registered office address: | nending name, enter the new name of | the corporation: | | |
| iation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional construction the word "chartered," "professional association," or the abbreviation "P.A." ter new principal office address, if applicable: pal office address MUST BE A STREET ADDRESS) ter new mailing address, if applicable: alling address MAY BE A POST OFFICE BOX) mending the registered agent and/or registered office address in Florida, enter the name of the registered agent and/or the new registered office address: | | | | The |
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| amending the registered agent and/or registered office address in Florida, enter the name of twee registered agent and/or the new registered office address: | | | | 7 PE |
| w registered agent and/or the new registered office address: | ling address <u>MAY BE A POST OFFIC</u> | <u>E BOX</u>) | | <u> </u> |
| amending the registered agent and/or registered office address in Florida, enter the name of the registered agent and/or the new registered office address: | | · | | 27 e |
| w registered agent and/or the new registered office address: | | | | <u>o</u> # *, |
| Name of New Projection of America | registered agent and/or the new regist | | n Florida, enter the | name of the |
| Name of New Registered Agent. | Name of New Registered Agent: | | | |
| New Registered Office Address: (Florida street address) | lew Registered Office Address: | (Florida street a | ddress) | |
| , Florida | _ | | , Flor | rida |
| (City) (Zip Code) | | (City) | (Zip Code, |) |

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)

| Title PCS | Name Bernaro J. Carrasovii | Address 16 3389 SheriDAN STI # 205 HOLLYWOOD F) 33021 | Type of Action Add Remove Add Remove |
|--------------|--|---|--|
| (attach add | ng or adding additional Articles, enter of litional sheets, if necessary). (Be specific posts which we have a constant of the constant of the litional sheets). (Be specific posts which we have a constant of the litional sheets). | ic) | Remove |
| provision | endment provides for an exchange, reclassion for implementing the amendment if no applicable, indicate N/A) | | |
| | | | |

| The date of each amendment(s) a | doption: <u>2-/6 - 20/0</u> |
|---|--|
| | (date of adoption is required) |
| Effective date <u>if applicable</u> : | more than 90 days after amendment file date) |
| • (no | more than 90 days after amenament file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/were ad by the shareholders was/were so | lopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval. |
| | oproved by the shareholders through voting groups. The following statement reach 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 | ,» |
| (vot | ting group) |
| action was not required. The amendment(s) was/were ad action was not required. | lopted by the incorporators without shareholder action and shareholder |
| Dated | 2/16/2010 |
| Signature | Bful |
| selected, | rector, president or other officer—if directors or officers have not been, by an incorporator—if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary) |
| | Bervaro TRY CAMASOVIIIO (Typed or printed name of person signing) |
| | PRESIRED AGENT |
| | (Title of person signing) |