## P11000105100

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Amend Mane Chs Chs

### COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: The Truth About Lending, Incomment number: P11000105160
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Melinda Royan  Name of Contact Person
15641 Carriage Court
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Melinda Payan at 954 214-2593  Name of Contact Person at Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address

١.;

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



# RECEIVED 12 OCT 22 AM 8: 37 DIVISION BESSEE FOR FORE

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 10, 2012

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MELINDA PAYAN 15641 CARRIAGE COURT DAVIE, FL 33331

SUBJECT: THE TRUTH ABOUT LENDING, INC.

Ref. Number: P11000105160

We have received your document for THE TRUTH ABOUT LENDING, INC. 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) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 412A00025139

## Articles of Amendment

to Articles of Incorporation

Afficies of fileo	i poi ation	
The Truth About "1	ending, Inc.	· -
(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
Y 11000105160		
(Document Number of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	Ilorida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corporation:  Melinda Payan Pf  name must be distinguishable and contain the word "corporation."	\" "company," or "incorporated" or the a	_The new bbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P		contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	12 DC1 22 IM 10: OU
D. If amending the registered agent and/or registered office address:		-
Name of New Registered Agent		
New Registered Office Address: (City)	et address), Florida(Zip Code)	_
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar w  Signature of New Registered Agent.	ith and accept the obligations of the position.	

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name . \   \ \	<u>Addres</u> s
1) Change		N/A	
Add		•	
Remove		. 1	
2) Change		- NA-	
Add		•	
Remove		11 1	
3) Change		- N/A	
Add		•	
Remove		( 1 .	,
4) Change		- NA	
Add		·	
Remove		1	
5) Change		-NA	
Add		1	
Remove		\	
6) Change		- N/T	
Add		•	
Remove			

E. <u>If amending</u> (Attach <i>additi</i>	or adding ac	lditional Arti if necessary).	cles, enter chang (Be specific)	ge(s) here:			
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provisions	for impleme	nting the ame	nange, reclassification	cation, or can ontained in th	icellation of ie amendme	issued share nt itself:	<u>S,</u>
(if not	applicable, in	ndicate N/A)	۸۸				
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The date of each amendment(s) adoption:	. OCTOBER 4,2012
Effective date <u>if applicable</u> :	0 Ctober 4,2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) for approval.
	by the shareholders through voting groups. The following statement of the group entitled to vote separately on the amendment(s):
"The number of votes cast for the a	amendment(s) was/were sufficient for approval
by	25
•	(voting group)
action was not required.	the board of directors without shareholder action and shareholder the incorporators without shareholder action and shareholder
action was not required.	
Dated/O·	4-12
Signature (D. J. day)	fayan
selected, by an	president or other officer – if directors or officers have not been incorporator of in the hands of a receiver, trustee, or other court ciary by that fiduciary)
<u>M</u>	(Typed or printed name of person signing)
	>resident
	(Title of person signing)