## P13000014283

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(В	usiness Entity Nar	me)
(Do	ocument Number)	
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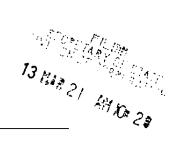
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ASSOCIAT	TES MORTGAG	GE GROUP INC.
DOCUMENT NUMB	ER: AMMENDME	NT	
	f Amendment and fee are su		
Please return all corresp	oondence concerning this ma	tter to the following:	
	BARTON NALLY	ESQ.	
-		Name of Contact Person	1
	ASSOCIATES M	ORTGAGE GRO	DUP INC.
-		Firm/ Company	
i	P.O. BOX 2464		
-		Address	
	PONTE VEDRA,	FL 32004	
_		City/ State and Zip Code	2
amo	oFusa@gmail.c	om	
<u> </u>		sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
BARTON NAI	LLY	at ( 904	473-7288
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	ertment 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)
Amer Divis P.O.	ing Address idment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle issee, FL 32301

## Articles of Amendment to Articles of Incorporation of



## ASSOCIATES MORTGAGE GROUP INC.

(Name of Corporation as	currently filed with the	Florida Dept. of State)		< ₽
AMMENDMENT				
(Documer	Number of Corporation (	if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	: Florida Profit Corporation adopt	is the following a	mendment(s) to
A. If amending name, enter the new na	me of the corporation:			
N/A			T	he new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc," or	"Co". A professional corporation	ed" or the abbi	reviation
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		N/A		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A		
D. If amending the registered agent an new registered agent and/or the new	v registered office addres		of the	
Name of New Registered Agent	N/A			
		reet address)		
New Registered Office Address:	N/A	, Florida		
	City	")	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist		with 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 <math>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>	<u>Name</u>	Address
1) Change	С	GLENN AMERSON	10033 SAWGRASS DRIVE W
X	<del></del>		SUITE 207
Remove			PONTE VEDRA BEACH, FL 32082
2) Change			
Add			
Remove			
3 ) Change			
Add			·····
Remove			
4) Change		<del></del>	<del></del>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amen</u>	ling or adding additional Articles, enter change(s) here:
	dditional sheets, if necessary). (Be specific)
N/A	
•	
. If an am	endment provides for an exchange, reclassification, or cancellation of issued shares,
provisi	ons for implementing the amendment if not contained in the amendment itself:
	not applicable, indicate N/A)
N/A	
-	

The date of each amendment(s) adoption: 03-15-2013
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 east 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 03-14-2013
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)
BARTON NALLY
(Typed or printed name of person signing)
EXECUTIVE DIRECTOR
(Title of person signing)