| (R | equestor's Name) | |
|-------------------------|----------------------|----------|
| (A | ddress) | |
| (A | ddress) | |
| (C | ity/State/Zip/Phone# |) |
| PICK-UP | ☐ WAIT | MAIL |
| (В | usiness Entity Name |) |
| (D | ocument Number) | |
| Certified Copies | Certificates of | f Status |
| Special Instructions to | o Filing Officer: | |
| | | |
| | | |
| | | : |
| | | |

Office Use Only



300252759493

10/23/13--01022--008 **35.00

OCT 3 0 2013

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPOR | ATION: FL MORT | GAGE COMPA | ANY INC | |
|---|---|--|--|---|
| DOCUMENT NUMBI | _{ER:} P13000504 | 33 | · | |
| The enclosed Articles of | f Amendment and fee are su | bmitted for filing. | | |
| Please return all corresp | ondence concerning this ma | tter to the following: | | |
| 1 | MICHAEL COL | BY | | |
| - | | Name of Contact Person | 1 | |
| <u> </u> | FL MORTGAGE | E COMPANY II | NC | |
| | · · · · · · · · · · · · · · · · · · · | Firm/ Company | | |
| | 1500 BAY RD | | | • |
| | | Address | | |
| <u> </u> | MIAMI BEACH, | FL 33139 | | |
| | | City/ State and Zip Code | e | |
| CO | LBYCOINC@Y | AHOO.COM | | |
| **** | E-mail address: (to be us | sed for future annual report | notification) | |
| For further information | concerning this matter, pleas | se call: | | |
| MICHAEL C | OLBY | at (305 | , 432-2998 | |
| Name of Contact Person | | | de & Daytime Telephone Number | r |
| Enclosed is a check for | the following amount made | payable to the Florida Depa | artment of State: | |
| ■ \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| Mailing Address | | | Address | |
| Amendment Section | | Amendment Section Division of Corporations | | |
| Division of Corporations P.O. Box 6327 | | Clifton Building | | |
| | hassee, FL 32314 | 2661 Executive Center Circle | | |
| · | | Tallahassee, FL 32301 | | |

Articles of Amendment to **Articles of Incorporation**

| | FILE | 7 |
|--------------------------|----------------------------|---------------|
| 13 | OCT 23 PA | 110.0 |
| SECI Tali | RETARY OF S AHASSEE, FL | 14:01 14:5 |
| 1 1 to (₁₁) | MIRSSEE, FL | ORIDA |

FL MORTGAGE COMPANY INC

(Name of Corporation as currently filed with the Florida Dept. of State)

| P ₁ | 30 | nn | 05 | 0433 |
|----------------|-----|----|----|------|
| Г | เงน | UU | UU | UHUU |

endment(s) to

| (Document Number | of Corporation (if k | nown) |
|---|--------------------------------|---|
| Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation: | rida Statutes, this <i>Flo</i> | orida Profit Corporation adopts the following amendment |
| A. If amending name, enter the new name of the FL MKT INC | corporation: | The nev |
| name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or t | orp," "Inc," or "Co | "company," or "incorporated" or the abbreviation". A professional corporation name must contain the |
| B. Enter new principal office address, if applica | ble: | 1500 BAY RD |
| (Principal office address <u>MUST BE A STREET A</u> | | SUITE 284 |
| | | MIAMI BEACH, FL 33139 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered. | stered office address | s in Florida, enter the name of the |
| | HAEL COLE | 3Y |
| | BAY RD | |
| | (Florida street | address) |
| New Registered Office Address: MIAN | MI BEACH | , Florida 33139 |
| tter registered office readings. | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing For the appointment as registered agent Signature of Signature of | | |

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 | Y | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | Name | <u>Addres</u> s |
| 1) Change | Р | MICHAEL COLBY | 1500 BAY RD SUITE 284 |
| Add | | | MIAMI BEACH, FL 33139 |
| Remove | | | |
| 2) Change | Р | OJEDA, M, SR | 1504 BAY RD |
| Add | | | MIAMI BEACH, FL 33139 |
| Remove | | | |
| 3) Change | VP | COLBY, M, SR | 1504 BAY RD |
| Add | | | MIAMI BEACH, FL 33139 |
| Remove | | | |
| 4) Change | VP | BUTLER, B, JR | 1504 BAY RD |
| Add | | | MIAMI BEACH, FL 33139 |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| If amending or adding additional Arti (Attach additional sheets, if necessary). | (Be specific) |
|---|--|
| 'A | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| · <u> </u> | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| If an amendment provides for an exch | nange, reclassification, or cancellation of issued shares, |
| provisions for implementing the ame | ndment if not contained in the amendment itself; |
| (if not applicable, indicate N/A) | |
| /A | |
| | |
| | |
| | |
| · · · · · · · · · · · · · · · · · · · | |
| | |
| | |
| | |
| | |
| | |
| | |
| | . |
| | |

| The date of each amendment | t(s) adoption: 09/22/2013 | . if other than the |
|--|--|---------------------|
| date this document was signed | | |
| Effective date if applicable: | 09/22/2013 | |
| in apparation. | (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/wes by the shareholders was/wes | re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval. | |
| | re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s): | |
| | s cast for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| The amendment(s) was/wer action was not required. | re adopted by the board of directors without shareholder action and shareholder | |
| The amendment(s) was/we action was not required. | re adopted by the incorporators without shareholder action and shareholder | |
| Dated_10/1 | 11/2013 | |
| Signature | M | |
| (E | By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court popointed fiduciary by that fiduciary) | |
| | MICHAEL COLBY | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person signing) | |