P14000044584

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FILED 2018 AUG 15 AM 10: 23 SECRETARY OF STATE

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AUG 1 6 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MORTGAGE	E ENTERPHUSE	AMERICA INC
DOCUMENT NUMB	ER: P14000	046584	
The enclosed Articles of	of Amendment and fee are sub	omitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	1-bmayo	Name of Contact Person	FRODY
	1.4.	Name of Contact Person	1
-	LOMA	Firm/ Company	<u> </u>
	17301 BISC	_ ' '	#1103
_	AVENTULA	FT 33160 City/ State and Zip Code	
	_	City/ State and Zip Code	
	CEO(10 LC	MANSMANTER	L.COM
	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
+ bury		1FRWY 818	859-9341
Name o	f Contact Person	/ Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	ayable to the Florida Depa	irtment of State:
☐ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Mail	ling Address	Street	Address

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

Articles of Amendment

Articles of Incorporation

TOIR AUG 15 AM 10: 23

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

P14000046584 (Document Number of Corporation (if known)

Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

If amending name, enter the new name of the	
LOANSMAKTE	ER INC, The new
me must be distinguishable and contain the wo	ord "corporation." "company," or "incorporated" or the abbreviation rp," "Inc," or "Co". A professional corporation name must contain the he abbreviation "P.A."
Enter new principal office address, if applicab rincipal office address <u>MUST BE A STREET AI</u>	5 Suny ISLES BEACH, FL
	33160
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	19301 BISCAYNE BLUD
	APT # 1103, AVENTURA, FR
	33160 .
	and the second s
If amending the registered agent and/or regist new registered agent and/or the new registered Name of New Registered Agen:	tered office address in Florida, enter the name of the ed office address:
new registered agent and/or the new registere	tered office address in Florida, enter the name of the ed office address: (Florida street address)
new registered agent and/or the new registere Name of New Registered Agen:	(Florida street address)
new registered agent and/or the new registere	ed office address: (Florida street address)
new registered agent and/or the new registere Name of New Registered Agen: New Registered Office Address ew Registered Agent's Signature, if changing R	(Florida street address)
new registered agent and/or the new registere Name of New Registered Agen: New Registered Office Address www. Registered Agent's Signature, if changing R	(Florida street address)

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 hold. 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 Jone	<u> </u>	
X Add	<u>sv</u>	Sally Smit	<u>th</u>	
Type of Action (Check One)	<u>Title</u>	2	<u>Kame</u>	<u>Addres</u> s
1) Change		<u> </u>		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change	-			
Add				
Remove				
5) Change		-		
Add				
Remove				
O Chamus				
6) Change				
Add				
Remove				

.nach additiond	dding additional Art l sheets, if necessary).	(Be specific)				
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<u>an amendmen</u>	t provides for an exc mplementing the am	<u>nange, rectasying</u> endment if not co	anon, or cance atsined in the 2	marion of issued	lf:	
if not appli	icable, indicate N/A)	<u> </u>				
N/A						
/\(\mathcal{P}\)					·	
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The date of each amendment(s) at	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this expartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
the amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendmen flicient for approval.	t(s)
The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following states each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated06	2/10/2018	
Signature	Hamberde	
(By a d	irector, president or other officer - if directors or officers have not bee	
	d, by an incorporator – if in the hands of a receiver, trustee, or other co	urt
appoin	ted fiduciary by that fiduciary)	
	HOMAYOUN KANJITIANOODY	
	(Typed or printed name of person signing)	
	0	
	- PRESIDENT	
	(Title of person signing)	