

P14000057499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

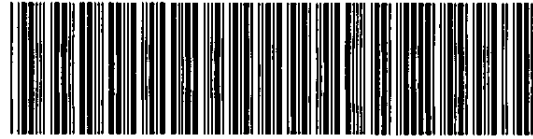
(Business Entity Name)

(Document Number)

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08/29/14--01022--008 \*\*52.50

*Amend*

FILED  
2014 AUG 29 PM 3:18  
STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA

*Darrell Phillips  
gave permission to  
add 9751 Mountain  
Lake Dr, Ste 100P*

*DPK  
9/4/14*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: TRANSPARENCY HOME LENDING, INC

DOCUMENT NUMBER: P14000057499

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANILO J. PHILLIPS

(Name of Contact Person)

TRANSPARENCY HOME LENDING, INC

(Firm/ Company)

3896 WOOD THRUSH DRIVE SUITE 1001

(Address)

KISSIMMEE, FL 34744

(City/ State and Zip Code)

daniлоphillips@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANILO J. PHILLIPS

(Name of Contact Person)

at ( 407 ) 405-1597

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** TRANSPARENCY HOME LENDING, INC.

**DOCUMENT NUMBER:** P1000057499

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PHILLIPS, DANILO J.  
Name of Contact Person

TRANSPARENCY HOME LENDING, INC  
Firm/ Company

3896 WOOD THRUSH DRIVE SUITE 1001  
Address

KISSIMMEE, FL 34744  
City/ State and Zip Code

danilophilips@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PHILLIPS, DANILO J. at (407) 405-1597  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

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

Articles of Amendment  
to  
Articles of Incorporation  
of

**TRANSPARENCY HOME LENDING, INC.**

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

**P14000057499**

(Document Number of Corporation (if known))

FILED  
2014 AUG 29 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)

9751 MOUNTAIN Lake Dr.  
SUITE 1001  
ORLANDO, FL 32832

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

9751 MOUNTAIN Lake Dr.  
SUITE 1001  
ORLANDO, FL 32832

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent

9751 Mountain Lake Dr, Ste 1001  
(Florida street address)

New Registered Office Address:

Orlando, Florida 32832  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*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)*

*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:**

- Change            PT    John Doe
- Remove            V    Mike Jones
- Add                SV    Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VP</u>	<u>PHILLIPS, MARIA</u>	<u>3896 WOOD THRUSH DR</u> <u>KISSIMMEE, FL 34744</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Phillips, Danilo J</u>	<u>9751 Mountain Lake Dr</u> <u>Orlando, FL 32832</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____



The date of each amendment(s) adoption: AUGUST 1, 2014, if other than the date this document was signed.

Effective date if applicable: AUGUST 1, 2014  
*(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.

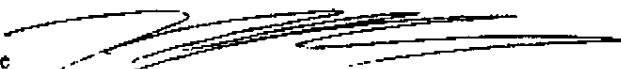
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast 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 SEPTEMBER 4, 2014

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)

PHILLIPS, DANILO  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)

Examiner AJR

Date Processed: 9-4-14

Scanner & Date Scanned: 9/5 