## P15000060998

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ECRETARY OF STATE LLAHASSEE, FLORID



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: PROFESSIONAL	HOME LENDING, CORP	
DOCUMENT NUM	P15000060998		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this mat	tter to the following:	
	RAUL J RAMIREZ		
		Name of Contact Persor	1
	PROFESSIONAL HOME LE	ENDING, CORP	
		Firm/ Company	
	PO BOX 2542		
		Address	
	GOLDENROD FL 32733		
		City/ State and Zip Code	2
RAF	AMIREZ21@YAHOO.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
RAUL J RAMIREZ		at ( <u>407</u>	342-4525
Name	of Contact Person	at ( Arca Co	)de & Daytime Telephone Number
Produced in a short of			
Enclosed is a check if	or the following amount made p	payable to the Florida Depa	iriment of State:
☐ S35 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			Address
	nendment Section		ment Section
	vision of Corporations D. Box 6327		n of Corporations Building
	lahassee, FL 32314		xecutive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation of

PROFESSIONAL HOME LENDING. CO	RP			
(Name of	Corporation as current	ly filed with the Florida Dept. of State)		
P15000060998				
	(Document Number of	f Corporation (if known)		
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corporation adopts the following amendments	(s) to	
A. If amending name, enter the new nan	ne of the corporation:			
N/A		The new		
	tion "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."		
B. Enter new principal office address, if	annlicable:	12300 ALDER BRANCH LOOP		
(Principal office address MUST BE A ST		ORLANDO, FL 32824		
<ul> <li>C. Enter new mailing address, if applications (Mailing address MAY BE A POST Of the property of t</li></ul>	<i>FFICE BOX</i> ) /or registered office add			
	RAUL J RAMIREZ	<u></u>		
Name of New Registered Agent	12300 ALDER BRANCH	LLOOP		
<u>-</u>		reet address)		
V D : 4 100° 444	ORLANDO	32824		
New Registered Office Address:		, Florida (Zip Code)		
			(	
New Registered Agent's Signature, if cha				
I hereby accept the appointment as register	Auf 1/3	with and accept the obligations of the position.    Comparison   Compa		

## 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.

X Change	<u>PT</u>	John Doc	
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	VP	VERONICA LOPEZ	1340 TALL MAPLE LOOP
Add			OVIEDO FL 32765
X Remove			
2) Change	SECR	VERONICA LOPEZ	1340 TALL MAPLE LOOP
Add			OVIEDO FL 32765
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	· <del></del> -		
Remove			

ritacii	nding or adding additi additional sheets, if ned	cessary). (Be spec	ific)			
<del></del> -						
			<del>-</del>			
				-11 11-11		
			<del>.</del>		· · ·	
fana	mendment provides fo	or an exchange, recl	assification, or can	cellation of issued	shares.	
provi	sions for implementing	g the amendment if	not contained in th	e amendment itsel	<u> f:</u>	
(i	f not applicable, indica	!te N/A)				
	- A					
				<del></del>		

The date of each amendment(s) adoption:	er than the
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be I document's effective date on the Department of State's records.  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	ioi man the
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"The number of votes cast for the amendment(s) was/were sufficient for approval  by	
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.	
11/01/2015	
Dated	
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)	
RAUL J RAMIREZ	
(Typed or printed name of person signing)	_
PRESIDENT	

(Title of person signing)