## P15000062881

| (Rec                    | questor's Name)   |           |
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| PICK-UP                 | WAIT              | MAIL      |
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| (Do                     | cument Number)    |           |
| Certified Copies        | _ Certificates    | of Status |
| Special Instructions to | Filing Officer:   |           |
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO  | RATION: AMERICA MORT                        | GAGE CORPORATION   |   |
|--|---|--|---|
| DOCUMENT NUM   | BER: P15000062881                           |  |   |
|  | of Amendment and fee are su                 | hmitted for filing.  |   |
| Please return all corre  | spondence concerning this ma                | tter to the following:   |   |
|  | MUSTAPHA ABBA GANA                          |  |   |
|  | <del></del>                                 | Name of Contact Person   | 1   |
|  | AMERICA MORTGAGE CO                         | ORPORATION   |   |
|  |   | Firm/ Company  | <del></del>   |
|  | 7071 W COMMERCIAL BL                        | VD STE 2F  |   |
|  |   | Address  |   |
|  | TAMARAC, FLORIDA 333                        | 19   |   |
|  |   | City/ State and Zip Code   | e   |
|  | INFO@AMERMORTCORP                           | .COM   |   |
|  | E-mail address: (to be us                   | sed for future annual report                                     | notification)   |
|  |   |  |   |
| For further information  | on concerning this matter, plea             | se call:   |   |
| MUSTAPHA ABBA  | GANA  | 954<br>at t  | de & Daytime Telephone Number   |
| Name   | of Contact Person                           | Area Co  | de & Daytime Telephone Number   |
| Enclosed is a check f  | or the following amount made                | payable to the Florida Depa                                      | artment of State:   |
| □ \$35 Filing Fee  | ■\$43.75 Filing Fee & Certificate of Status | S43.75 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 P.O. Box 6327 Tallahassee, FL 32314 |   | Amend<br>Divisio<br>The C  | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

| of   |   | 1:1                                  |
|--|---|--------------------------------------|
| AMERICA MORTGAGE CORPORATION   |   | . 1:                                 |
| (Name of Corporation as currently  | filed with the Florida Dep                            | ot. of State)                        |
| P15000062881   |   |                                      |
| (Document Number of  | Corporation (if known)                                |                                      |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this $F$ its Articles of Incorporation:  | loridu Profit Corporation :                           | ndopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation:  |   |                                      |
|  |   | The new                              |
| name must be distinguishable and contain the word "corporation," "co<br>"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A<br>"chartered," "professional association," or the abbreviation "P.A." | ompany," or "incorporated<br>professional corporation | " or the abbreviation "Corp.,"       |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )  |   |                                      |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  |   |                                      |
| D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:  | ess in Florida, enter the na                          | ime of the                           |
| Name of New Registered Agent   |   |                                      |
| (Florida stre  | rt addraec)   |                                      |
| 11 tortua sirec  | A tidaressy   |                                      |
| New Registered Office Address:   | City)   | _, Florida(Zip Code)                 |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi  | ith and accept the obligatio                          | ns of the position.                  |
| Signature of New Reg   | gistered Agent, if changing                           |                                      |
| Check if applicable  |   |                                      |

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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)

Example:

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 Do  | <u>oe</u>     |                  |
|-------------------------------|-----------------|----------|---------------|------------------|
| X Remove                      | $\underline{V}$ | Mike Jo  | nes           |                  |
| X Add                         | <u>SV</u>       | Sally Sn | nith          |                  |
| Type of Action<br>(Check One) | <u>Title</u>    |          | Name          | Address          |
| 1) Change                     | CFO             | _        | WAYNE R MILLS | 1525 BRYN MAWR   |
| X Add                         |                 | _        |               | DAYTON, OH 45406 |
| Remove                        |                 |          |               |                  |
| 2) Change                     |                 |          |               |                  |
| Add                           |                 |          |               |                  |
| Remove 3 ) Change             |                 | _        |               |                  |
| Add                           |                 |          |               |                  |
| Remove                        |                 |          |               |                  |
| 4) Change                     |                 | _        |               |                  |
| Add                           |                 |          |               |                  |
| Remove                        |                 |          |               |                  |
| 5) Change                     |                 |          |               |                  |
| Add                           |                 |          |               |                  |
| Remove                        |                 |          |               |                  |
| 6) Change                     |                 | _        |               |                  |
| Add                           |                 |          |               |                  |
| Remove                        |                 |          |               |                  |

|                       | dding additional Ar<br>sheets, if necessary) | . (Be specific)             |  |                       |          |
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| <u>f an amendment</u> | provides for an ex-                          | <u>change, reclassifica</u> | tion, or cancellatio                         | on of issued shares   | <u>-</u> |
| provisions for in     | nplementing the an valle, indicate N/A)      | iendment il not con         | tained in the amei                           | <u>iament itsell:</u> |          |
| (ц пос аррас          | ane, marcare 10217                           |                             |  |                       |          |
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| The date of each amendment(s) adopt date this document was signed.               | ion:  | , if other than the     |
|--|---|-------------------------|
| Effective date if applicable:  |   |                         |
|  | (no more than 90 days after amendment file date)  | <del></del>             |
| Note: If the date inserted in this block document's effective date on the Depart | does not meet the applicable statutory filing requirements, this date wiment of State's records.  | Il not be listed as the |
| Adoption of Amendment(s)   | (CHECK ONE)   |                         |
| ☐ The amendment(s) was/were adopted action was not required.                     | by the incorporators, or board of directors without shareholder action ar   | d shareholder           |
| The amendment(s) was/were adopted<br>by the shareholders was/were suffici        | by the shareholders. The number of votes cast for the amendment(s) ent for approval.  |                         |
| ☐ The amendment(s) was/were approve<br>must be separately provided for each      | ed by the shareholders through voting groups. The following statement through voting group entitled to vote separately on the amendment(s):                                   |                         |
| "The number of votes cast for  | he amendment(s) was/were sufficient for approval  |                         |
| by   |   |                         |
|  | (voting group)  |                         |
| AUGUST 4, 20 Dated   | 21<br>U. Ser  |                         |
| selected, by   | or, president or other officer – if directors or officers have not been van incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary) | _ <del>-</del>          |
| MU   | STAPHA ABBA GANA  |                         |
| <del></del>  | (Typed or printed name of person signing)   | <del>.</del>            |
| PRI  | ESIDENT   |                         |
|  | (Title of person signing)   |                         |