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OCT 3 0 2017 S. YOUNG

COVER LETTER

TO: Amendment Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION: Safe Rate Mortgage	2 Corp.
DOCUMENT NUMBER: P15 0000 82/8/	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	n te
Safe Late Mortgage Firm/Company	· Corp.
421 W. 55 Place	
Houn, R 33012	L
City/ State and Zip Code	
10 hannamtg@gmail.com	
E-mail address: (to be used for atture annual report notification)	
For further information concerning this matter, please call: \[\begin{align*} \text{VORANA Mana Apole at (954)} & 646 \end{align*} \] Name of Contact Person Area Code & Daytime Tel	4/18
Name of Contact Person Area Code & Davtime Tel	ephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:	•
\$35 Filing Fee	Status
Mailing Address Amendment Section Street Address Amendment Section	

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment

to

Articles of	Incorporation
1 .	of

Sate Rab M	ortagae (x	arv2	
1500082181	on as currently filed with th		
(Docum	nent Number of Corporation ((if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this <i>Florida Profit</i>	Corporation adopts the fo	llowing amendment(s) t
A. If amending name, enter the new name of the confidence of the c	orporation: Funding (OP.	The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	," "Inc," or "Co". A profe	o," or "incorporated" or essional corporation name	the abbreviation must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		₩ DOT
			27 PH 3:
 If amending the registered agent and/or register new registered agent and/or the new registered 		, enter the name of the	A THE
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		the obligations of the pos	ition.
Sign	ature of New Registered Ager	nt, 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: X Change	<u>PT</u>	John Do	<u>)e</u>			
X Remove	$\underline{\mathbf{v}}$	Mike Jo	ones			
\underline{X} Add	<u>\$V</u>	Sally Sr	nith			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s	
1) Change		_		 		
Add						
Remove						
2) Change		_		 		
Add						
Remove						
3) Change		_		 		
Add						
Remove						
4) Change						
Add					·	
Remove						-
5) Change						
Add				 		
Remove						
6) Change		_				
Add						
Remove						

Attach additional sheets, if necessary).	ticles, enter change(s) here: . (Be specific)	
	-	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) adoption:date this document was signed.	, if other than the
- ·	
Effective date if applicable: (no more than 90 days after amendment file a	date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirer	nents, this date will not be listed as the
document's effective date on the Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendations.	
"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 as action was not required.	nd shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shaction was not required.	areholder
Dated 10/24/17 Signature JOHANNA Maria a	,
Signature Johanna Mana U	ponte.
(By a director, president or other officer - if directors or officers has	
selected, by an incorporator – if in the hands of a receiver, trustee, appointed fiduciary by that fiduciary)	or other court
Vohanna Maria	Aporte
(Typed or printed name of person signing)	
Président	
(Title of person signing)	