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Amend

SEP 2 1 2019 I ALBRITTON

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: LIBERTY MORTO	GAGE LENDING GROUP	incorporated
DOCUMENT NUMB			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
1	DEBRA KAPPEL-HERNAN	IDEZ	
-	LIBERTY MORTGAGE LE	Name of Contact Person	parated
_		Firm/ Company	
1	3180 N CLEVELAND AV	SUITE 317	
-		Address	
1	NORTH FORT MYERS, FL	33903	
-	.,,-	City/ State and Zip Code	2
DEBB	Y@LIBERTYMORTGAGE	LOANS.COM	
- <del></del>	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
DEBRA KAPPEL-HE	RNANDEZ	ar (	215-3850
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐S43.75 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)
Amer Divis P.O.	ing Address indiment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation

LIBERTY MORTGAGE LENDING GROUP INCOrporated

(Document Number of Corporation (if known)  Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  NA  name must be distinguishable and contain the word "corporation," "company," or "incorp" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corpoword "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	The new porated" or the abbreviation
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B. Enter new principal office address, if applicable:	
C. Enter new mailing address, if applicable:  NA  NA	2015
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
	<u> </u>
D. If amending the registered agent and/or registered office address in Florida, enter the na new registered agent and/or the new registered office address:	me of the
Name of New Registered Agent DEBRA KAPPEL HERNANDEZ	
309 KINGSTON RD OC	<del></del> -
(Florida street address)	
New Registered Office Address: FORT MYERS	. Florida
(City)	(Zip Code)

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a 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 = ChExecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offheld. 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 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 Chan 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 Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	LAURA RAY	123 EAST NORTH SHORE AV
Add X Remove			N FT MYERS FL 33917
2) Change	<u>T</u>	LAURA RAY	123 EAST NORTH SHORE AV
Add			NORTH FORT MYERS, FL 33917
$\frac{X}{X}$ Remove $\frac{X}{X}$ Change	P.VP.S.	T DEBRA KAPPEL-HERNANDEZ	309 KINGSTON BD Dr
Add			FORT MYERS, FL 33905
Remove			<del></del>
4) Change Add			
Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific)	
NA	
	<del></del>
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
NA	
	<del> </del>

•	08/31/2019	
	) adoption:	_, if other than I
date this document was signed.		
Effective date <u>if applicable</u> :	8/31/2019	
Effective date if applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will r Department of State's records.	iot be listed as i
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	···	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
08/31/20 Dated		
sele	a director, president or other officer – if directors or officers have not been eted, by an incorphrator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)  DEBRA KAPPEL-HERNANDEZ	-
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	