P16000083662

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(City/State/Zip/Phone #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: Lib	Liberty Mortgage Lending Group Inc		
DOCUMENT NUMBE	P1	P16000083662		
The enclosed Articles of	Amendment and fee are su	ibmitted for filing.		
Please return all correspondent	ondence concerning this ma	atter to the following:		
		Laura Ray		
_	Name of Contact Person			
	Liberty Mortgage Lending Group Inc			
Firm/ Company				
		13180 N Cleveland Av	7, Suite 105,	
_		Address		
	N Ft Myers, FL 33903			
City/ State and Zip Code			ode	
		laura@libertymortgag	eloans .com	
_	E-mail address: (to be u	sed for future annual repo	rt notification)	
For further information of	concerning this matter, plea	se call:		
Laura Ray		239 at (265-4247	
Name of Contact Person		Area C	Code & Daytime Telephone Number	
Enclosed is a check for t	he following amount made	payable to the Florida De	partment of State:	
S35 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)	
	og Address		t Address	
Amendment Section Division of Corporations			ndment Section ion of Corporations	
P.O. Box 6327		The (Centre of Tallahassee	
Tallahassee, FL 32314		2415	N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

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Liberty Mortgage Lending Group Incorporated (Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) 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: 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." 13180 N Cleveland Av, Suite 105 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) North Fort Myers, FL 33903 C. Enter new mailing address, if applicable: 13180 N Cleveland Av, Suite 105 (Mailing address MAY BE A POST OFFICE BOX) North Fort Myers, FL 33903 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

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.

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> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ce Jones	
X Add	SV Sall	ly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP, Sec	Laura Ray	123 East North Shore Av
x_Add			N Ft Myers FL 33917
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
NA	
	
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: (if not applicable, indicate N/A)	
NA	

•

The date of each amendment(s) ad	option: 02/19/2/	, if other than th
date this document was signed.	,	
Effective date <u>if applicable</u> :	03/01/21	ent file date)
	(no more than 90 days after amendm	ent file date)
Note: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing partment of State's records.	requirements, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopt action was not required.	ated by the incorporators, or board of directors wi	thout shareholder action and shareholder
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes ca	st for the amendment(s)
` ,	oved by the shareholders through voting groups. each voting group entitled to vote separately on the	•
"The number of votes cast f	or the amendment(s) was/were sufficient for appr	roval
by		<u></u> ."
	(voting group)	
Dated	2)19/21	
Signature	$\mathcal{N} \mathcal{N} \mathcal{N}$	
(By a dir	ector president or other officer - if directors or o	fficers have not been
	by an incorporator - if in the hands of a receiver	, trustee, or other court
appointe	d fiduciary by that fiduciary)	
_	Dibra KAPPEL	- Hernandez
	(Typed or printed name of person sign	ing)
	President	
	(Title of person signing)	