1 P16 0000 836 62

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:			
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requ	estor's Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status			
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Addr	ess)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status			
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Addr	ess)	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status			
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/S	State/Zip/Phor	ne #)
(Document Number) Certified Copies Certificates of Status	PICK-UP	MAIT	MAIL
(Document Number) Certified Copies Certificates of Status	(7)		
Certified Copies Certificates of Status	(ฮนรถ	ness Entity Na	.me)
Certified Copies Certificates of Status			
	(Docu	iment Number)
	Cariford Carian	Cartana	on of Change
Special Instructions to Filing Officer:	Certified Copies	Certificate	es of Status
Special Instructions to Filing Officer:			
	Special Instructions to Fil	ing Officer:	
July28	July	28	
Office Use Only)		_1



600411920426

05/03/23--01019--014 **70.00

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Liberty Mortgage I	Lending Group Inc					
	1BER: P16000083662						
	es of Amendment and fee are su	bmitted for filing.					
Please return all cor	respondence concerning this ma	tter to the following:					
	LAURA RAY						
		Name of Contact Person	n				
	LIBERTY MORTGAGE LE	NDING GROUP INC					
		Firm/ Company					
	123 EAST NORTH SHORE	• •					
		Address	·				
	N FT MYERS, FL 33917						
		City/ State and Zip Cod	e				
	LAURA@LIBERTYMORTO	GAGELOANS.COM	•				
	E-mail address: (to be us	sed for future annual report	notification)				
For further informat	ion concerning this matter, pleas	se call:					
LAURA RAY		at (de & Daytime Telephone Number				
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check	for the following amount made	payable to the Florida Dep.	artment of State:				
■ \$35 Fiting Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Ai Di P.	ailing Address mendment Section vision of Corporations O. Box 6327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee					
Ta	illahassee, FL 32314	2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Ī	TF	٩F	R	T	Υ	м	0	R1	ΓC	۱,	GE	T F	N	n	I١	1C	(ï	0	ì	P	1	V	\cap

einar:)	ui Corporación as currei	atty fried with the Florida Dept. of State)	
P16000083662			•
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corporation adopts the foll	owing amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
			The new
	Corp." "Inc." or "Co".	"company," or "incorporated" or the abbre A professional corporation name must co	ontain the word
B. Enter new principal office address,		5288 Summerlin	Commons Wi
(Principal office address MUST BE A S	TREET ADDRESS)	# 901	
	·	Ft. Myers, Fl 33	907:=
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		123 EAST NORTH SHORE AV	(C)
<u> </u>		N FT MYERS FL 33917	
D. If amending the registered agent a	nd/or registered office of	ldress in Florida, enter the name of the	
new registered agent and/or the ne			
Name of New Registered Agent	LAURA RAY		
	123 EAST NORTH SHO	ORE AV	
	(Florida	street address)	
New Registered Office Address:	N FT MYERS	, Florida 339	17
		(City)	Zip Code)
Now Destruct to the Comment of the C	1 1 5 1		
New Registered Agent's Signature, if c I hereby accept the appointment as regis		nt: r with and accept the obligations of the posite	on.
	م ر		
(
ر پاره م نتخب به میر در این	, Signature of New	Registered Agent, if Changing	
Check if applicable			
☐ The amendment(s) is/are being filed p	oursuant to s. 607.0120 (1)	1) (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)

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. It 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>SV</u> S	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change			<u> </u>
Add			
Remove			
2) Change			
Add			<u>;</u>
Remove 3) Remove			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	· 25
· · · · · · · · · · · · · · · · · · ·	
	7
· · · · · · · · · · · · · · · · · · ·	
an amendment provides for an exchange, reclassification, or corovisions for implementing the amendment if not contained in (if not applicable, indicate N/A)	ancellation of issued shares, the amendment itself:
rovisions for implementing the amendment if not contained in	ancellation of issued shares, the amendment itself:
provisions for implementing the amendment if not contained in	ancellation of issued shares, the amendment itself:
provisions for implementing the amendment if not contained in	ancellation of issued shares, the amendment itself:
provisions for implementing the amendment if not contained in	ancellation of issued shares, the amendment itself:
provisions for implementing the amendment if not contained in	ancellation of issued shares, the amendment itself:
an amendment provides for an exchange, reclassification, or corovisions for implementing the amendment if not contained in (if not applicable, indicate N/A)	ancellation of issued shares, the amendment itself:

The date of each amendment(s):	doption:		, if other than the
date this document was signed.			
Effective date if applicable:			
	(no more than 90 days after	r amendment file date)	
Note: If the date inserted in this document's effective date on the L	block does not meet the applicable statute partment of State's records.	ory filing requirements, th	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were ac action was not required.	opted by the incorporators, or board of dir	rectors without shareholder	action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of officient for approval.	f votes cast for the amendn	nent(s)
	proved by the shareholders through voting each voting group cutifled to vote separa		atement
"The number of votes cas	for the amendment(s) was/were sufficien	it for approval	
by		,"	20°
,	(voting group)		-8: 22
04/27/202 Dated	· ·		25
			· · · · · · · · · · · · · · · · · · ·
. Signature	My Keil		5
(By a	rector, president or other officer - if direct	etors or officers have not b	een
selecti	d, by an incorporator – if in the hands of a ted fiduciary by that fiduciary)	a receiver, trustee, or other	court , , , , ,
արրտո			
	LAURA RAY		
	(Typed or printed name of per	rson signing)	
	VICE PRESIDENT/SECRETARY		
	(Title of person signing)		 -