P16000083662

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: LIBERTY MORTO	GAGE LENDING GROUP	INC
DOCUMENT NUM	P16000083662		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	DEBRA HERNANDEZ		
	· · · · · ·	Name of Contact Person	1
	LIBERTY MORTGAGE LE	NDING GROUP INC	
		Firm/ Company	
	18117 EVERSON MILES C	IRCLE	
		Address	
	N FT MYERS FL 33917		
		City/ State and Zip Code	2
	DEBBY@LIBERTYMORT	GAGELOANS.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	ion concerning this matter, pleas	se call:	
DEBRA HERNANDEZ		at (239	244-7644
Name of 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)	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 allahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

No Check/KD

Articles of Amendment to Articles of Incorporation of

(Name (of Cornoration as currently	y filed with the Florida Dep	ot, of State)
P16000083662	or corporation as carrent	, men men men norman sop	
			750
	(Document Number o	f Corporation (if known)	-
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation a	dopts the following amendment(s
. If amending name, enter the new na	ame of the corporation:		
			The new
ame must be distinguishable and contain Inc.," or Co.," or the designation "Cohartered," "professional association," B. Enter new principal office address, Principal office address MUST BE AS	Corp," "Inc," or "Co". A or the abbreviation "P.A." if applicable:	1 professional corporation i	or the aboreviation Corp., name must contain the word
Tutcher office address MOST BE AS	IKLEI ADDKESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		18117 EVERSON	N MILES CIRCLE
		N FT MYERS FL 33917	
If amending the registered agent an new registered agent and/or the new registered agent and registered agent			ume of the
Name of New Registered Agent	DEBRA HERNANDEZ		
wante of the Registered Rigen	18117 EVERSON MILES	CIR	
	(Florida str	eet address)	
Now Pagistared Office Address	N FT MYERS		. Florida 33917
New Registered Office Address:		(City)	
			• •

Signature of New Registered 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)

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> Jo	ohn Doe	
X Remove	<u>v</u> <u>w</u>	fike Jones	
<u>X</u> Add	<u>sv</u> <u>s</u> a	ally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VP, S	LAURA RAY	123 EAST NORTH SHORE AV
Add			N FT MYERS FL 33917
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			<u> </u>
Remove			
6) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			

(Attach additional sheets, if necessary).	ticles, enter change(s) here: . (Be specific)
,	
- 	
If an amendment provides for an ex	change, reclassification, or cancellation of issued shares,
provisions for implementing the an	nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	TRANSFERRED IN TOTALITY AND REVERT BACK TO
	THE BUILD IN TOTAL THE SECOND STATE OF THE SECOND S
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04/30/2024
The date of each amendment(s) adoption:, if other than the
date this document was signed.
04/30/2024
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"
(voting group)
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) DEBRA HERNANDEZ (Typed or printed name of person signing) PRESIDENT
(Title of person signing)



May 31, 2024

DEBRA HERNANDEZ 18117 EVERSON MILES CIRCLE NORTH FORT MYERS, FL 33917

SUBJECT: LIBERTY MORTGAGE LENDING GROUP INCORPORATED

Ref. Number: P16000083662

We have received your document for LIBERTY MORTGAGE LENDING GROUP INCORPORATED, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

JUN 27 2024

Letter Number: 024A00011898