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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: The Mortgage Proj	ect Inc			
DOCUMENT NUMB	ER:		·		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
1	Eugene Thorpe				
-		Name of Contact Person	1		
-	Firm/ Company				
	151 Portside Ave # 201				
-	Address				
•	Cape Canaveral, Fl 32920				
-		City/ State and Zip Code	c		
geneth	orpe50@gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
Eugene Thorpe		at (412	980-1972		
$\frac{\text{Eugene Thorpe}}{\text{Name of Contact Person}} = \frac{\text{at } (\frac{412}{})}{\text{Area Code & Daytime Tele}}$		de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations		Amend	Address Iment Section on of Corporations		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

PMOOD 28438	on as currently filed with the Florida Dept. of State)
	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the co	rporation:
	The new
	I "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADD</u>	
	5.00
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	
	6:12
 If amending the registered agent and/or registerence new registered agent and/or the new registered of 	ed office address in Florida, enter the name of the
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent.	
Signo	tture of New Registered Agent, 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 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			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
would like to add Eugene Thorpe as a shareholder only	
· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·
If an amendment provides for an exchange, reclassification, or ca	ncellation of issued shares,
provisions for implementing the amendment if not contained in t (if not applicable, indicate N/A)	the amendment itself:
(у пот аррисате, такие млл)	
	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.		
	February 1st 2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
	his block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	Il not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/wer	e adopted by the shareholders. The number of votes east for the amendment(s) re sufficient for approval.	
	e approved by the sharcholders through voting groups. The following statement d 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)	
action was not required.	e adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
action was not required.		
Februa Dated Signature	ary 1st 2019 Well Mare	
(By sel	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed liduciary by that fiduciary)	<u></u>
	Eugene Thorpe	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	