P1800007587a

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C. GOLDEN SEP 1 9 2018

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: LENDING LYTTLE CORP DOCUMENT NUMBER: P18000075872 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOSE LEON Name of Contact Person LBS-LEONBUSINESERVICES LLC Firm/ Company 8333 W MCNAB RD SUITE 115 Address TAMARAC FLORIDA 33321 City/ State and Zip Code FLS.OFFICE@LEONBUSINESERVICES.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 323-9074

Area Code & Daytime Telephone Number JOSE LEON Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filling Fee. □\$43.75 Filling Fee & □\$43.75 Filing Fee & □\$52.50 Filling Fee Certificate of Status Certified Copy Certificate of Status tAdditional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

LENDING LYTTLE CORP

2018 SEP 17 AM 11: 47

(Name of Corporation as currently P18000075872	filed with the Florida Dept, of State)	SECRETARY OF STATE
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the fo	Howing amendment(s) to
A. If amending name, enter the new name of the corporation:		
Lyttle Financial Corp		The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	o". A professional corporation name	the abbreviation
B. <u>Enter new principal office address</u> , if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office addresses registered agent and/or the new registered office address:	ess in Florida, enter the name of the	
Name of New Registered Agent		
(Florida stre	at addrase)	
New Registered Office Address:	, Florida	(Zip Code)
New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	City)	(Zip Code)
Signature of New Re	rgistered 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: <u>X</u> Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>mes</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change		_		
Add		_		
Remove				
4) Change		_		
Add				· · · · · · · · · · · · · · · · · · ·
Remove				
51 Change	-			
Add				
Remove				
()				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary),	icles, enter change(s) here: (Be specific)	
····		
		
		
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:	
provisions we implementing the ainti	indirect if the Contained in the amendment user.	
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		

	t(s) adoption:	, if other than the
date this document was signed Effective date if applicable:	1. - 09/12/2018	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date the Department of State's records.	will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	ere adopted by the shareholders. The number of votes east for the amendment(s) ere sufficient for approval.	
	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):	
	s east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	ere adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
	2/2018	
Signature _	Karlein by Alle.	
() S	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	KARLENE LYTTLE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	