## P21000003268

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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NIC & Amend

A. RAMSEY AUG & 7 2024

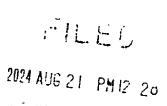
## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: AM CAPITAL MO	ORTGAGE INC	
DOCUMENT NUM	DBER: P21000003268		
	es of Amendment and fee are so	ibmitted for filing.	
Please return all cor	respondence concerning this ma	atter to the following:	
	Abel Henriquez		
	<del>v</del>	Name of Contact Person	n
	AM CAPITAL MORTGAGI	EINC	
		Firm/ Company	-
	1907 S Goldenrod Rd	• •	
		Address	
	Orlando, FL 32822		
		City/ State and Zip Cod	e
	support@xhomesupply.com		
	E-mail address; (to be u	sed for future annual report	notification)
For further informat	ion concerning this matter, plea	se call:	
Abel Henriquez		954 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:
S35 Filing 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)
A: D P.	ailing Address nendment Section vision of Corporations O. Box 6327 dlahassee, FL 32314	Amend Division The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, F1, 32303

## Articles of Amendment to Articles of Incorporation of



AM CARITAL MORTGAGE INC.

(Name of Corporation as c	
	currently filed with the Florida Dept. of State) (1997) The Figure 1997 of State)
21000003268	14.5 <u>1</u> .77.36.
(Document Nu	umber of Corporation (if known)
ursuant to the provisions of section 607,1006, Florida Statutos Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(
. If amending name, enter the new name of the corporat	ition:
Home Supply Inc	The new
	tion," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>	
. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a	
Name of New Registered Agent	
$\mathcal{F}_{l}$	lorida street address)
Vew Registered Office Address:	lorida street address) , Florida

## 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>John Doe</u>	
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	VP	KATHERINE SMYTHE	1907 S Goldenrod Rd, Orlando, FL. 32-82
Add			
X Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change	_		
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

	al sheets, if necessa	Articles, enter chans ry). (Be specific)			
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		<del></del>			
	<u> </u>				-
	nt provides for an	exchange, reclassific	ation, or cancellation	of issued shares,	
an amendmer	implementing the	amendment if not co	ntained in the amend	<u>lment itself:</u>	
<u>provisions for </u> i		()			
an amendmer provisions for i (if not appli	icable, indicale N:-				
<u>provisions for i</u>	icable, indicale N <sub>2</sub>				
<u>provisions for i</u>	icable, indicale 8/2		<del>-</del>		
<u>provisions for i</u>	icanie, indicale A/-				
<u>provisions for i</u>	icable, indicale N :		-		
<u>provisions for i</u>	icable, indicale N :				
<u>provisions for i</u>	icable, indicale N :				
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<u>provisions for </u> i	icable, indicale N :				
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•

The date of each amendment late this document was signed	t(s) adoption:	, if other than the
·	08/16/2024	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory fifing requirements, this che Department of State's records.	late will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/wer action was not required.	re adopted by the incorporators, or board of directors without shareholder ac	tion and shareholder
The amendment(s) was/wei by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendmen ere sufficient for approval.	u(s)
must be separately provide	re approved by the shareholders through voting groups. The following states of for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
hy	(voting group)	
08/16. Dated	/2024	
Signature	ald ffrisky	
St	y 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 corpointed fiduciary by that fiduciary)	
	Abel Henriquez	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	<del></del>