P23000003699

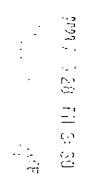
(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
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Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: ELITE MORTGA	GE SERVICES, INC		
DOCUMENT NUM	P23000003699			
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	Anthony J Johncola Jr			
		Name of Contact Perso	on	
	Elite Mortgage Services, Inc			
		Firm/ Company		
	527 Scotland St			
		Address		
	Dunedin, FL 34698			
City/ State and Zip Code				
tjohncola@gmail.com				
		sed for future annual repor	t notification)	
For further information	on concerning this matter, pleas	se call:		
Anthony Johncola		at (727	403-4185	a
Name	of Contact Person	Area Co	ode & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Dep	partment of State:	:. ¿:
□ 626 BH 5	——————————————————————————————————————	Devogery P. e.	Massa so Esti E	CC LS
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy	\$52.50 Filing Fee Certificate of Status	
	Certificate of Status	(Additional copy is	Certified Copy	_1 (,
		enclosed)	(Additional Copy	۱۱. می در
			is enclosed)	C
	iling Address		Address	
	endment Section vision of Corporations		dment Section on of Corporations	
). Box 6327		Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

N/A			
(Name of Corporation as o	currently filed with the Florida Dept. of State)		
V/A			
(Document No	umber of Corporation (if known)		-
ursuant to the provisions of section 607.1006, Florida Status s Articles of Incorporation:	ites, this Florida Profit Corporation adopts the follo	wing ame	ndmen
. If amending name, enter the new name of the corpora	ation:		
//A		The	new'
ame must be distinguishable and contain the word "corpora Inc" or Co.," or the designation "Corp," "Inc," or " chartered," "professional association," or the abbreviation	"Co". A professional corporation name must con	ation "Co	orp.,"
Enter new principal office address, if applicable:	527 Scotland St		
Principal office address MUST BE A STREET ADDRESS	<u>S</u>) Dunedin, FL 34698		
. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	527 Scotland St		
	Dunedin, FL 34698		
	-		- 5
		: 7	13
. If amending the registered agent and/or registered off			<u>.</u>
new registered agent and/or the new registered office	address:		~.``
Name of New Registered Agent N/A			ت.
			Ξ'.
	Florida street address)	-	(,)
		= =:	Si
New Registered Office Address:	. Florida	111	

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)

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	PT	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			=
Add			
Remove			
5) Change			
Add			
Remove			
б) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
N/A		
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,		ري س
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		می,
		Ξ.
N/A	• • • • • • • • • • • • • • • • • • • •	دب.
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The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
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 document's effective date on the Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without sharehe action was not required.	older action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.	endment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
Signature Parala State of Sta	n 4 v T
(By a director, president or other officer – if directors or officers have reselected, by an incorporator – if in the hands of a receiver, trustee, or o appointed fiduciary by that fiduciary)	not been
Anthony J Johncola Jr	2f2 <u>3</u>
(Typed or printed name of person signing)	
President	100 mg
(Title of person signing)	<u> </u>