## P24000042163

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Marile)
(Document Number)
(Bocaniem Naimber)
Cartified Canasa Cart Faces (O.)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300435225043

08/32/34--01028--005 \*\*39.00

FILED
2021 AUG 22 PH 12: 24
SECRETARY OF STATE
TALLAHASSEE, FL

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: JUBILEE HOME	LENDING GROUP, INC.	,		
	MBER: P24000042163				
	es of Amendment and fee are su	bmitted for filing.			
Please return all cor	respondence concerning this ma	itter to the following:			
	OVIL, GUERLIN				
		Name of Contact Person	n	_	
JUBILEE HOME LENDING GROUP, INC.					
Firm/ Company				_	
2139 N UNIVERSITY DRIVE SUITE 2130					
Address				_	
	CORAL SPRINGS, FLORIE	DA. 33071			
		City/ State and Zip Cod	e		
	2100				
	ovil4homes@gmail.com	sed for future annual report	notification)		
For further informat	ion concerning this matter, pleas	se call:		S	20
OVIL, GUERLIN		at ( <sup>561</sup>	768-1061	크 <sup>C</sup> C	24 £
Nam	e of Contact Person	Area Co	de & Daytime Telephone Num	ber H	30
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:	ARY HAS	22
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	768-1061  Ide & Daytime Telephone Num  artment of State:  S52.50 Filing Fee  Certificate of Status  Certified Copy  (Additional Copy  is enclosed)	OF STATE SEE, FL	2024 AUG 22 PH 12: 24
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Division The C	Address  Iment Section on of Corporations  Ientre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

11	IRII	FE	HOME	LENDING	CRALID	INIC
34	J 1 3 5 1	J	1 13 713 11	1.1.131.131.1	L 1 K ( ) I / I / I	, , ,

(Name of Cornors)	tion as currently filed with the Florida	" Dant "f Ctt.	<u> </u>		
P24000042163	tion 23 correctly fried with the Pioria	a Dept. of State	9		
(Docu	ument Number of Corporation (if known	1)			<del></del> _
Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:	Ja Statutes, this <i>Florida Profit Corpora</i>	tion adopts the f	following ame	ndment	.(s) to
A. If amending name, enter the new name of the	corporation:				
			The	new	
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbr	: " or "Co". A professional corporat	rated" or the abb tion name must	reviation "Co contain the	orp.," word	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD	le:				
A THE CONTROL OF THE ASTREET AD	——————————————————————————————————————				
C. Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO	<u>OX</u> )				
			-		
			·		
			<del></del>	<del></del>	
<ol> <li>If amending the registered agent and/or registered new registered agent and/or the new registered</li> </ol>	ered office address in Florida, enter the	ne name of the	35	20	
	ottee address:		₹ <u>2</u>	2024 AUG	
Name of New Registered Agent			CRETARY OF	8	
			<u></u>	22	]
			, ,		
	(Florida street address)		쑀유	TO EX	1
New Registered Office Address:		Florida	<u> </u>	PM 12;	
New Registered Office Address:	(Florida street address) (City)	, Florida	Cip Control	PM I2; 24	(1
New Registered Office Address:		, Florida	<u> </u>		[1
New Registered Agent's Signature, if changing Res	(City)		(Zip Code)		
New Registered Agent's Signature, if changing Res	(City)		(Zip Code)		
New Registered Agent's Signature, if changing Res	(City)		(Zip Code)		
New Registered Agent's Signature, if changing Res	(City)		(Zip Code)		
New Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent.	(City) <u>vistered Agent:</u> I am familiar with and accept the oblig	gations of the po	(Zip Code)		
New Registered Agent's Signature, if changing Registered agent. Thereby accept the appointment as registered agent.	(City)	gations of the po	(Zip Code)		

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)

Remove

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 Doc	
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>	<u>Addres</u> s
1) Change	VP	OVIL, FEDIE	2139 N UNIVERSITY DRIVE
Add			SUITE 2130
X Remove			CORAL SPRINGS, FL 33071
2) Change	<del></del>		
Add			
Remove 3) Change			
Add			
Remove			
4) Change			SECRET TAIL
Add			JG 22 P
Remove			
5) Change			
Add			TATE FL
Remove			
6) Change			
Add			

The date of each amendment(s) adoption: 08/19/2024 , if o	other than the
date this document was signed.	/ <b>.</b>
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 document's effective date on the Department of State's records.	: listed as the
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.	older
☐ 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 east 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)	2024 AUG
OVIL. GUERLIN AA	- <del>2</del> 2
(Typed or printed name of person signing)  PRESIDENT  (Typed or printed name of person signing)	2 IT
	E D
(Title of person signing)	: 24