P94000009721

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TIME

DEC 14 2013

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FLORIDA MC	ORTGAGE GROUP INC
DOCUMENT NUMBER: P94000009721	
The enclosed Articles of Amendment and fee ar	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
ROBERT GUTLOHN	
	Name of Contact Person
FLORIDA MORTGAGE	GROUP INC
	Firm/ Company
3121 COMMODORE PL	AZA, STE 303
-	Address
COCONUT GROVE, FL	. 33133
	City/ State and Zip Code
SPECTRUMMTGGROUP@A	OL.COM
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter, p	at (305) 444-3666
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	· ·
■ \$35 Filing Fee ☐\$43.75 Filing Fee Certificate of State	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street-Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FLORIDA MORTGAGE GROUP INC

FILED

(Name of Corporation as currently	filed with the Florida Dept. of State)
P94000009721	filed with the Florida Dept. of State DEC 11 P 2 17
	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation" Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "(word "chartered," "professional association," or the abbreviation".	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office addr	ess in Flaridy, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address;	, Florida
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
21.	
Signature of New Ro	egistered 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: XChange	PT	John Doe				
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s			
1) X Change	Р	ROBERT GUTLOHN	3121 COMMODORE PLAZA			
Add			STE 303			
Remove			COCONUT GROVE, FL 33133			
2) X Change	S	ELLEN GUTLOHN	3121 COMMODORE PLAZA			
Add			STE 303			
Remove			COCONUT GROVE, FL 33133			
3) Change			٠			
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

	ng or adding addit litional sheets, if ne	ecessary). (Be sp	ecific)			
•						
						
		_				
						
						
						
f an amei	idment provides fo	or an exchange, re	classification, o	r cancellation of	issued shares,	
provision (if po	s for implementing tapplicable, indica	g the amendment w N/A)	if not contained	in the amendme	ent itself:	
(1) /10	, uppriculate, marca	10 11/11				
				· · ·		
			 			· - ··· ·
				_		· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
DECEMBER 1, 2017	
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 (iling requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ 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 cast for the amendment(s) was were sufficient for approval	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
12/05/17 Dated	
Signature my my	
Signature	
ROBERT GUTLOHN	
(Typed or printed name of person signing)	_
DIRECTOR/PRESIDENT	
(Title of person signing)	- -