## P97000049941

| (Requestor's Name)                      |
|-----------------------------------------|
| (Address)                               |
| (Address)                               |
| (Address)                               |
| , ,                                     |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|                                         |
| (Business Entity Name)                  |
| (Document Number)                       |
|                                         |
| Certified Copies Certificates of Status |
|                                         |
| Special Instructions to Filing Officer: |
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SECRETARY OF STATE
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATIO                                                         | N: HTG Comme                           | ercial Group, Inc.                                                           |                                        |  |
|----------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------|----------------------------------------|--|
| DOCUMENT NUMBER: _                                                         | P97000049                              | 941                                                                          |                                        |  |
| The enclosed Articles of Ame                                               | ndment and fee a                       | re submitted for filing.                                                     |                                        |  |
| Please return all corresponder                                             | nce concerning thi                     | is matter to the followin                                                    | g:                                     |  |
| · ·                                                                        | Tammy Ran                              | <del></del>                                                                  | -                                      |  |
|                                                                            | (Name                                  | of Contact Person)                                                           |                                        |  |
|                                                                            | HTG Comme                              | rcial Group, Inc.                                                            |                                        |  |
| (Firm/ Company)                                                            |                                        |                                                                              |                                        |  |
|                                                                            | 3250 Mary                              | Street, Suite 500                                                            |                                        |  |
|                                                                            |                                        | (Address)                                                                    |                                        |  |
|                                                                            | Casanut C                              | moves ET 22122                                                               |                                        |  |
|                                                                            |                                        | rove, FL 33133                                                               | -                                      |  |
|                                                                            | (City/St                               | ate/ and Zip Code)                                                           | •                                      |  |
| For further information concer                                             | rning this matter,                     | please call:                                                                 |                                        |  |
|                                                                            |                                        |                                                                              |                                        |  |
| Tammy Ramsey or Leonar                                                     |                                        |                                                                              | 860-8188                               |  |
| (Name of Contact P                                                         | (Area Code & Daytime Telephone Number) |                                                                              |                                        |  |
| Enclosed is a check for the fol                                            | lowing amount:                         |                                                                              |                                        |  |
|                                                                            | Filing Fee & cate of Status            | □ \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | Certificate of Status                  |  |
| Mailing Address Amendment Se Division of Cor P.O. Box 6327 Tallahassee, FL | ction<br>porations                     | Street Add<br>Amendmen<br>Division of<br>409 E. Gain<br>Tallahassee          | t Section<br>Corporations<br>es Street |  |

## Articles of Amendment to Articles of Incorporation of

| Dr.      | FILED                                |
|----------|--------------------------------------|
| SEC-     |                                      |
| TALLAHAS | 73 AM 11:39 RY OF STATE SEE, FLORIDA |
| ***      | CE, FLORIDA                          |

| HTG Commercial Group, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | FLORIE                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| (Name of corporation as currently filed with the Florida Dept. of State)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TUDA                  |
| (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |
| P97000049941                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | -<br>+                |
| (Document number of corporation (if known)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |
| NEW CORPORATE NAME (if changing):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |
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| Carmel Commercial Group, Inc.  (Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")  (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | · .<br>')             |
| AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number (and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | s)                    |
| N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |
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| CAHOLI STATES OF THE STATES OF | · · · · · · - · ·     |
| (Attach additional pages if necessary)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |
| If an amendment provides for exchange, reclassification, or cancellation of issued shares, provision for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |
| N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | - <del>-</del>        |
| The state of the s | · . =                 |
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(continued)

| The date of each amendment(s) adoption: 9/1/04                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective date if applicable: 9/1/04                                                                                                                                                                             |
| (no more than 90 days after amendment file date)                                                                                                                                                                 |
| Adoption of Amendment(s) (CHECK ONE)                                                                                                                                                                             |
| The amendment(s) was/were approved 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                                                                                                                               |
| (voting group)                                                                                                                                                                                                   |
| ☐ 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.                                                                                     |
| Signed this day of                                                                                                                                                                                               |
| (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) |
| Stewart Marcus                                                                                                                                                                                                   |
| (Typed or printed name of person signing)                                                                                                                                                                        |
| President                                                                                                                                                                                                        |
| (Title of person signing)                                                                                                                                                                                        |

FILING FEE: \$35