1069 02 OCT 10 PM 1: 25 From Hallandale Bch. Blvd Scule 115 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) *****35.00 (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy ☐ Mail out ☐ Will wait Photocopy ☐ Certificate of Status **NEW FILINGS AMENDMENTS** Profit Amendment Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent Limited Liability Domestication Dissolution/Withdrawal Other Merger **OTHER FILINGS** REGISTRATION/QUALIFICATION Annual Report Foreign

CR2E031(7/97)

Fictitious Name

X00789,00524,00689,8

Limited Partnership Reinstatement Trademark Other

Examiner's Initials

10/10/02



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

October 1, 2002

Hals Blanc HB Financial & Mortgage Corp 3121 West Hallandale Beach Blvd, Ste 115 Pembroke Park, FL 33009

SUBJECT: MTM INSURANCE, INC.

Ref. Number: P97000069622

We have received your document for MTM INSURANCE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please change the name in the heading (at the top of the page) to read MTM Insurance, Inc.

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey Document Specialist

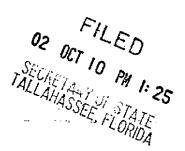
Letter Number: 702A00055245

DIVISION OF CORPOR

ARTICLES OF AMENDMENT

TO

ARTICLES OF INCORPORATION OF



MTM INSURANCE, INC.

SECOND:

THIRD:

Pursuant to the provisions of section 607.1006, Florida Statues, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIST: Amendment(s) adopted: (INDICATE ARTICLE NUMBER (S0 BEING AMENDED, ADDED OR DELETED.)
Article III, Amended
Article IV, Amended
Article V, Amended
Article VI, Added

The date of adoption of the amendment(s) was:

Adoption of amendment (CHECK ONE)

	f
∠	. The Amendment (s) was (were) adopted by the board of directors. & shareholdersx
	MTM INSURANCE, INC. CORPORATION NAME
	Donetha Wilson
	SIGNATURE OF CHAIRMAN, VICE CHAIRMAN, PRESIDENT OR OTHER OFICER
_	Doretha Wilson
	TYPE OR PRINT NAME
	TITLE DATE

July 31, 2001

AMENDED ARTICLES OF INCORPORATION OF MTM INSURANCE, INC.

ARTICLE I

The name of the corporation is:

MTM INSURANCE, INC.

The address of the corporation is:

13514 MEMORIAL HIGHWAY MIAMI, FLORIDA 33161

ARTICLE II Capital Stock

The number of shares which the corporation has authorized to be outstanding at any one time is 1,000 _____, with a par value of \$1.00. (Par Value is Not Required).

ARTICLE III Registered Agent and Registered Office

The registered agent is Doretha Wilson and the registered office is 13514 Memorial Highway Miami, Florida 33161.

I am familiar with and hereby accept the duties and responsibilities as registered agent for said corporation.

Signature of Registered Agent

Date

ARTICLE IV

Board of Directors

The board of director(s) is/are

Name:

Address

Doretha Wilson

President

1816 NW 84 STREET

Doretha Wilson

Director

Miami, Florida 33147

Doretha Wilson

Treasurer

Doretha Wilson

Secretary

ARTICLE V

Name and Address of Incorporators

The name and address of the incorporator is:

Doretha Wilson

1816 NW 84 STREET

Miami, Florida 33147

In witness whereof I have subscribed my name Donata U. Son
Signature of Incorporator
Doretha Wilson
ARTICLE VI
The name and address of person signing these amended articles is:
Doretha Wilson 13514 Memorial Highway Miami, Florida 33161
IN WITNESS WHEREOF, the undersigned incorporator has executed these articles of incorporation this day of, 2002.
Signature of Incorporator
Print Name here:
STATE OF FLORIDA COUNTY OF MIAMI-DADE
THE FOREGOING instrument was acknowledged and sworn to before me this
day of August, 2002, by
(name of incorporator) of MTM INSURANCE, INC. (name of corporation)
(SEAL)
NOTARY PUBLIC

My Commission expires: