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TO: Amendment Section Division of Corporations

ï

AME OF CORPORATION: PRESTIGE MORTGAGE LENDING, INC
OCUMENT NUMBER:
ne enclosed Articles of Amendment and fee are submitted for filing.
ease return all correspondence concerning this matter to the following:
DAVID FEINBERG Name of Contact Person
Name of Contact Person
PRESTIGE MORTGAGE LENDING, INC Firm/ Company 2000 NW 44th STREET Address
Firm/ Company
2000 NW 44th STREET
FORT LAUDERDALE F1 33309 City/ State and Zip Code
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
r further information concerning this matter, please call:
DAVID FEINBERU— at (954) 683-4967 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
closed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

PRESTIGE MORTGAGE LENDING, INC	C.		
(Name of	Corporation as current	ly filed with the Florida Dept. o	f State)
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corporation adop	ots the following amendment(s) to
A. If amending name, enter the new nam	ne of the corporation:		
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designal word "chartered," "professional association	tion "Corp." "Inc," or '	"Co". A professional corporation	The new ted" or the abbreviation on name must contain the
B. Enter new principal office address, if (Principal office address MUST BE A STI		2000 N W Ft LAJOREDA	44 STLEET
C. Enter new mailing address, if applica (Muiling address MAY BE A POST Of		NA	
D. If amending the registered agent and/ new registered agent and/or the new	registered office address	i:	of the
Name of New Registered Agent	2000 NW Gelorida St	14 th ST	
New Registered Office Address:			orida <u>33309</u> (Zip Code)
New Registered Agent's Signature, if cha I hereby accept the appointment as register	ed agent. I am familiar	with and accept the obligations of	Cthe position. CLAHASSELL B CF D CT D

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.

X Change	<u>PT</u> John	Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
_X Add	SV Sally	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PT/V/SV	LAURIE WHITTAKER	604 N. CRESCENT DRIVE
Add			HOLLYWOOD, FL
X Remove			33021
2) Change	PT/V/S\	DAVID FEINBERG	2000 NW 44TH STREET
X Add			FORT LAUDERDALE, FL
Remove			33309
3) Change			
Add			
Remove			-
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti-	eles, enter change(s) here:	
(Attach additional sheets, if necessary).	(Be specific)	
1// 0		
N/A		
		
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If an amendment provides for an excha	unge reclassification or cancellation	of iggued aboves
provisions for implementing the amen	dment if not contained in the amend	ment itself:
(if not applicable, indicate N/A)		
NA		
7		
		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	·
Effective date <u>if applicable</u> :	
(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 vidocument's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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	
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.	
SEPTEMBER 27, 2017	
DatedSignature	
(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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
$\frac{PRESIDENT / VP / SEC / TR / DIRE}{\text{(Title of person signing)}}$	ciar
(Title of person signing)	