

L070000014546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

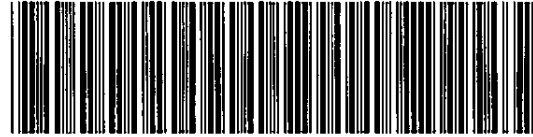
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2013 OCT 22 PM 3:22

B. BOSTICK

OCT 23 2013

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: America One Home Loans, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Blaise Ingoglia

Name of Person

America One Home Loans, LLC

Firm/Company

2943 Landover Blvd.

Address

Spring Hill, FL 34608

City/State and Zip Code

shannon@hartlandhomescorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Blaise Ingoglia

Name of Person

352 686-8200

at ()

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$60.00 Filing Fee,
Certificate of Status,
Certified Copy
(additional copy is enclosed)

SECRETARY OF STATE
TALLAHASSEE, FL
2013 OCT 22 PM 3:02

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

America One Home Loans, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on February 7, 2007 and assigned Florida document number L07000014546.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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2011 OCT 22 PM 3:22
TALLAHASSEE, FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Blaise Ingoglia

New Registered Office Address: 2939 Landover Blvd.
Enter Florida street address

Spring Hill, Florida 34608
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Z. Vernon Hall	2943 Landover Blvd. Spring Hill, FL 34608	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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SLUCH PART OF STATE
 FALL ANNUAL MEETING
 2013 OCT 12 PM 3:22

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Five horizontal lines for amending information.

Dated _____

Signature of a member or authorized representative of a member
Blaise Ingoglia, MgrM
Typed or printed name of signee

2013 OCT 22 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA