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SECKETARY OF STATE
ALLAMASSIE FI FRID.

J. HARRIS

COVER LETTER

Division of Co	rporations		
SUBJECT:	Home Acces	ss Financial, LLC	
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Brian Finucane		
		Name of Person	
	Home Access Financial, L		
		Firm/Company	
	100 S. Ashley Drive, Suite	#600	
		Address	
	Tampa, Florida 33602		
		City/State and Zip Code	
	brain.finucane@haf.email	to be used for future annual report notifi	(cation)
For further information of	concerning this matter, please ca	•	cuitory
Brian Fir	ucane		-7548
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)

MAILING ADDRESS:

TO:

Registration Section

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

Home Access F	•	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>07/01/2016</u>	and assigned
Florida document number <u>L16000126305</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	100 S. Ashley Drive, Suite #600	Do t
(Principal office address MUST BE A STREET ADDRESS)	Tampa, Florida 33602	
		(元) (日) (日) (日) (日) (日) (日) (日) (日) (日) (日
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Enter new mailing address, if applicable:	100 S. Ashley Drive, Suite #600	
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, Florida 33602	2 Z Z
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		iter the name of the new
	, Florid	a
•	City , Florida	a Zip Code
New Registered Agent's Signature, if changing Registered Agent:	,	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I provided for in Chapter 605, F.S.	am familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Tad Wentzell	100 S. Ashley Drive, Suite #600	Add
		Tampa, Florida 33602	□ Remove
			□ Change
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	specific and cannot be prior to date of filing or more than 90 does not meet the applicable statutory filing requirement of State's records.	
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Oated August 19	, 2016	
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Filing Fee: \$25.00