

1196 000003431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

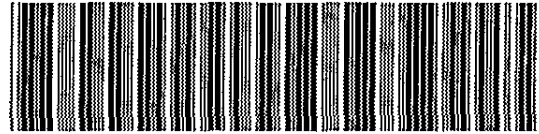
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AmeriFirst National of Volusia County, LLC
(Name of Foreign Limited Liability Company)

Doc # M06000003431

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Timothy O North

(Name of Person)

(Firm/Company)

2536 Countryside Blvd., 6th Floor

(Address)

Clearwater FL 33763

(City/State and Zip Code)

For further information concerning this matter, please call:

Timothy O North

(Name of Person)

at (726) 726-0726

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

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TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO
TRANSACT BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: AMERIFIRST NATIONAL OF VOLUSIA COUNTY, LLC (106000003431)
2. Jurisdiction of its organization: DELAWARE
3. Date authorized to do business in Florida: June 12, 2006


SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? November 21, 2006
5. New name of the limited liability company: AMERIFIRST NATIONAL FINANCIAL SERVICES OF LAKE COUNTY, LLC
6. If the amendment changes the period of duration, indicate new period of duration:

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction:

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of a member or the authorized
representative of a member

Timothy O North

Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE FLORIDA

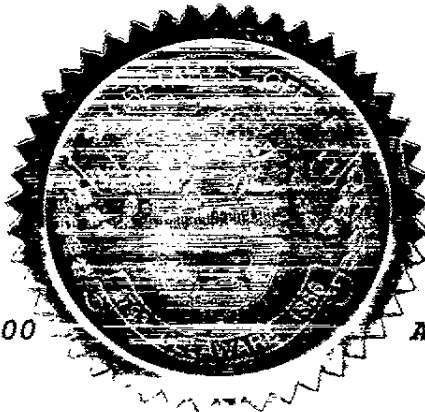
Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERIFIRST NATIONAL FINANCIAL SERVICES OF LAKE COUNTY, L.L.C." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF NOVEMBER, A.D. 2006.

SECRETARY OF STATE
DELAWARE
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FILED



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

4159597 8300

AUTHENTICATION: 5215663

061038086

DATE: 11-21-06