<u>81871200050</u>

| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only

G. MCLEOD

JAN 25 2010

EXAMINER



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SECRETARY OF STATE OF STATE OF STATE

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|---|--|
| SUBJECT: H | OME FINANCIAL GROUP, LLC Name of Limited Liability Company | |
| The enclosed Articles of An | nendment and fee(s) are submitted for filing. | |
| Please return all correspond | ence concerning this matter to the following: | |
| | MEDARDO F. CEVALIOS Name of Person | |
| | HOME FINANCIAL GROUP, LLC. Firm/Company | |
| | 4789 S.W. 148th AVE., SUITE 101 Address | |
| | DAVIE, FLORIDA 33330 City/State and Zip Code | |
| - | MEDARDO D. HOME FINANCIAL GROUP. MET E-mail address: (to be used for future annual report notification) | |
| For further information cond | cerning this matter, please call: | |
| SAMUEL FE | at (954) 370- 4849 Area Code & Daytime Telephone Number | |
| Enclosed is a check for the f | ollowing amount: | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |

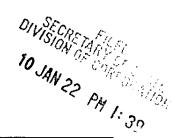
MAILING ADDRESS:

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



| HOME FINANCIAL GROU | 19, LLC / Py 1:30 |
|--|---|
| (Name of the Limited Liability Compan (A Florida Limited Liability | y as it now appears on our records.) ability Company) |
| The Articles of Organization for this Limited Liability Company vibration of Company vibratio | were filed on JULY 11, 2002 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, <u>enter the new name of the limited liabil</u> | ity company here: |
| SAME AS ABOVE | |
| The new name must be distinguishable and end with the words "Limite L.L.C." | • |
| Enter new principal offices address, if applicable: | 4789 S.W. 148 AVENUE |
| (Principal office address MUST BE A STREET ADDRESS) | Suite 101 |
| | DAVIE, FLORIDA 33330 |
| Enter new mailing address, if applicable: | SAME AS ABOVE |
| Mailing address MAY BE A POST OFFICE BOX) | |
| • | |
| B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here: | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , Florida |
| | 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.

If Changing Registered Agent, Signature of New Registered Agent

If arrending 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 **Title** <u>Name</u> Address Type of Action GARCIA, RUTH MGRM MGRM FELDHAU. MAZ Remove ☐ Add ☐ Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated JANUARY Signature of a member or authorized representative of a member MEDARY F. CEVALLOS

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00