| (Re | questor's Name) | |
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| (Add | dress) | |
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| (City | y/State/Zip/Phon | e #) |
| PICK-UP | | MAIL |
| (Bus | siness Entity Nar | me) |
| (Doc | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
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| | | |

Office Use Only

G. MCLEOD

MAY - 7 2010

EXAMINER



900180184589

05/06/10--01027--022 **30.00

COVER LETTER

| TO: | Registration Solution of Co | | | | | |
|--------|--|---|-------|----------------------------------|-------------------------------|---|
| SUBJ | ECT: | | | nancial Grou Limited Liabilit | | |
| Dear : | Sir or Madam: | | | | | |
| The e | nclosed applicati | on, certificate and fee(| s) aı | re submitted for | filing. | |
| Please | e return all corre | spondence concerning | this | matter to the fol | lowing | : |
| | Th | omas A. Clarkson | | | | |
| | | Name of Person | | | | |
| | Hartfor | d Financial <u>Group, L</u> | .LC | | | |
| | | Firm/Company | | | | |
| | 525 Me | etro Place N, Suite 2 | 200 | | | |
| | | Address | | | | |
| | | Oublin, OH 43017 City/State and Zip Co | ode | | | |
| | to | larkson@hartfordfg | | n | | |
| E-r | | be used for future annu | | | n) | |
| For fu | ırther informatio | n concerning this matte | er, p | lease call: | | |
| | Thomas | A. Clarkson | & | at (<u>614</u>) | | 255-7600 ne Telephone Number |
| | Name | of Person | | Area Code & | Daytin | ne Telephone Number |
| | Registration S Division of Co Clifton Buildi | orporations ng ve Center Circle | | | Registr Division P.O. B | ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314 |
| | osed is a check f 5 Filing Fee | for the following amount \$30 Filing Fee & Certificate of State | | \$55 Filing F | | \$60 Filing Fee, Certificate of Status & Certified Copy |

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: Hartford Financial Group, LLC | |
|------------|---|-----------|
| 2. | Jurisdiction of its organization: Ohio | |
| 3. | Date authorized to do business in Florida: 04/23/2007 | |
| | SECTION II (4-7 complete only the applicable changes) | |
| | If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 04/12/2010 | |
| 5. | New name of the limited liability company: Hartford Lending Group, LLC (must end with "Limited Liability Company," "L.L.C.," or "LLC.") | |
| Èle the | f name unavailable, enter alternate name adopted for the purpose of transacting business in orida and attach a copy of the written consent of the managers or managing members adopting e alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." "LLC.") | SECRE |
| | "LLC.") If the amendment changes the period of duration, indicate new period of duration: | 목종 |
| 7. | If the amendment changes the jurisdiction of organization, indicate new jurisdiction: | Y OF SAME |
| 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 jurisdicunder the law of which this entity is organized. Signature of a member or the authorized representative of a member | ction |
| | Thomas A. Clarkson Typed or printed name of signee | |

Filing Fee: \$25.00



DOCUMENT ID 201010500942

DESCRIPTION
AMEND/ARTICLES-ORGANIZATION/DOM. LLC (LAM)

PENALTY

Receipt

This is not a bill. Please do not remit payment.

HARTFORD FINANCIAL GROUP LLC 565 METRO PLACE SOUTH, STE 100 **DUBLIN, OH 43017**

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1689185

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

HARTFORD LENDING GROUP, LLC

and, that said business records show the filing and recording of:

Document(s):

Document No(s):

AMEND/ARTICLES-ORGANIZATION/DOM. LLC

201010500942



United States of America State of Ohio Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 12th day of April, A.D. 2010.

Ohio Secretary of State



Prescribed by:

The Ohio Secretary of State Central Ohio: (614) 458-3910 Tolf Free: 1-877-SOS-FILE (1-877-767-3453) Expedite this Form: (Select One)

Hattistic (Occurs of the Following Decision)

PO Box 1390

Columbus, OH 43216

Requires an additional fee of \$100 ***

PO Box 1329

Non Expedite

Columbus, OH 43216

www.sos.state.ph.us e-mail: busserv@sos.state.ph.us

Domestic Limited Liability Company Certificate of Amendment or Restatement Filing Fee \$50.00

| K ONLY ONE (1) BOX) | | |
|--|--|---|
| estic Limited Liability Company | (2) Domestic Limited Liability Company | 7 |
| Amendment (129-LAM) | Resistement (142-LRA) | |
| 03/30/2007 | | F 131 St. 2 |
| Date of Formation . | Date of Formation | |
| ersigned authorized representative of: | | |
| Hartford Financial Group, LLC | 1689185 | ı |
| Name of limited liability company | Registration number | |
| The name of said limited liability company shall be: Hartford Lending Group, LLC | | |
| This limited liability company shall exist for a period of: | Period of Existence | |
| Purpose | | |
| | | |
| | | |
| | Amendment (129-LAM) 03/30/2007 Date of Formation ersigned authorized representative of: Hartford Financial Group, LLC Name of limited liability company Amendment is checked, only complete sections that applyone below must be completed. The name of said limited liability company shall be: Hartford Lending Group, LLC Name must include one of the following words of abbreviations: "limited in this limited liability company shall exist for a period of: | Amendment (129-LAM) O3/30/2007 Date of Formation Partford Financial Group, LLC Name of limited liability company Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, only complete sections that apply. If box (2) Restatement is checked, only complete sections that apply. If box (2) Restatement is checked, only complete sections that apply. If box (2) Restatement is checked, only complete sections that apply. If box (2) Restatement is checked, only complete sections that apply. If box (2) Restatement is checked, only completed. The name of said limited liability company shall be: Hartford Lending Group, LLC Name must include one of the following words or abbreviations: "Imited liability company." "limited." "LLC." "L.C.," "Id" or "Id" This limited liability company shall exist for a period of: Period of Existence |

543A

Page 1 of 3

Lati Revised 6/23/2008

Print Name

| DEGLUDES |
|-----------------------|
| REQUIRED |
| Must be (signed) by a |
| member, manager or |
| |
| other representative. |

| Signature | 4/1/2010 Date |
|--------------------|------------------|
| Thomas A. Clarkson | |
| Signature | Date |
| Print Name | |
| Signature | Date |

543A Pege 2 of 2 Lett Revised: 6/23/2006