

LD20000 17318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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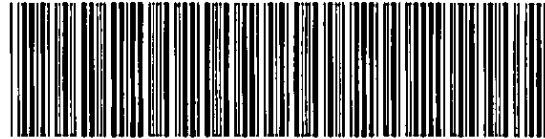
(Business Entity Name)

(Document Number)

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2019 MAR -4 P 12 26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

MAR 12 2019  
T. LEMIEUX

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

SUBJECT: Home Financial Group LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Medardo F. Cevallos

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Name of Person

Home Financial Group

Firm Company

13790 NW 4th Street

---

Address

Sunrise/EI. 33325

City/State and Zip Code \_\_\_\_\_

medardo@homefinancialgroup.net

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

For further information concerning this matter, please call:

Medardo F. Cevallos	954	370 - 4849
Name of Person	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)

**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

**FILED**

Home Financial Group, LLC

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

2019 MAR -4 P 2 36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on July 11, 2007 and assigned  
Florida document number L02000017318.

This amendment is submitted to amend the following:

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

Same as Above

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

13790 NW 4th Street

Suite #110

Sunrise, Florida 33325

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

Same As Above

**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:

Medardo Alejandro Cevallos

New Registered Office Address:

13790 NW 4th Street

*Enter Florida street address*

Sunrise

*City*

Florida 33325

*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 605, 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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Medardo Alejandro Cevallos	13790 NW 4th Street Suite # 110 Sunrise Florida, 33325	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Garcia, Ruth M	4789 SW 148 <sup>th</sup> Ave	<input type="checkbox"/> Add
		Suite 101	<input checked="" type="checkbox"/> Remove
		Davie, Florida 33330	<input type="checkbox"/> Change
MGRM	Feldman, Sam	4789 SW 148 <sup>th</sup> Ave	<input type="checkbox"/> Add
		Suite 101	<input checked="" type="checkbox"/> Remove
		Davie, Florida 33330	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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January 1st, 2019

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated December 14th 2018

Signature of a member or authorized representative of a member

Typed or printed name of signee