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PICK-UP WAIT MAIL	
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SECRETARY OF STATE

T. HAMPTON

JAN 2 6 2010

EXAMINER

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	ССТ:	HOME ON Name of Limit	E MORTBAGE LLC. ed Liability Company	
The end	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		Christon	her T Curcio Name of Person	
			Firm/Company	
		7012	NW 114 th COURT	<u> </u>
		<u> </u>	FL 33178 City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		CCO & E-mail address: (to	ACUINTE NATIONA o be used for future annual report notificat	AL-COM
For fur	ther information co	ncerning this matter, please ca	all:	
(hristoper Name of	Person	at (780) 925 48 Area Code & Daytime To	252 elephone Number
Enclose	ed is a check for the	e following amount:		
	.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

HOME ONE MORT	GAGE LLC	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compan Florida document number	y were filed on 04/28/2	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia BACU INTERNATIONA The new name must be distinguishable and end with the words "Lin	AL LLC	signation "LLC" or the abbreviation
"L.L.C."	CALAS	~ n
Enter new principal offices address, if applicable:	SAME	1 S
(Principal office address MUST BE A STREET ADDRESS)		10 J
Enter new mailing address, if applicable:	SAME:	JAN 25
· · · · · · · · · · · · · · · · · · ·	Orr IC	2 200
(Mailing address MAY BE A POST OFFICE BOX)		— ?
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		Is, enter the name of the new
Name of New Registered Agent:	SAME	
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 amending 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

<u>Name</u>	Address	Type of Action
SAME.		
		Add Remove
		
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nding any other information, ente	er change(s) here: (Attach additional sheets, if neo	essary)
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MONING AND	OTHER INVESTMENTS	10 JAN
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JANUARY 14 Cluster of a Signature o	tophy Curvo a member of authorized representative of a member	CORPORATIONS 5 PM 12: 16

Page 2 of 2

Filing Fee: \$25.00