

MAY/21 2012/MON 11:51 AM FAX No. P. 001
Division of Corporations Page 1 of 1
L08000/10854

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000128424 3)))



H120001284243ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

FILED
12 MAY 21 AM 7:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HOMEPEACE SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

K. SALY
EXAMINER
MAY 22 2012

Electronic Filing Menu

Corporate Filing Menu

Help

MAY/21/2012/MON 11:52 AM

FAX No.

P. 002

850-617-6381

5/11/2012 8:48:13 AM PAGE 1/001 Fax Server



May 11, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HOMEPEACE SOLUTIONS, LLC
10395 SW 186 STREET
2ND FLOOR
MIAMI, FL 33157

SUBJECT: HOMEPEACE SOLUTIONS, LLC
REF: L08000110854

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is F01000002767 "HOMEFIRST FINANCIAL SERVICES CORP.".

If you have any questions concerning the filing of your document, please call 850-617-6381 or 850-245-6870.

Karen A. Smith
Registrar, Division of Corporations
Specialist II

FAX Aud. #: H12000128424
Letter Number: 512A00014067

RECEIVED
12 MAY 21 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY/21/2012/MON 11:52 AM

FAX No.

P. 003

FILED

12 MAY 21 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

HOMEPEACE SOLUTIONS, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/03/2008 and assigned
Florida document number L08000110854

This amendment is submitted to amend the following:

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

HOMEFIRST CONSULTING, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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

MAY/21/2012/MON 11:52 AM

FAX No.

P. 004

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

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ 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 _____



Signature of a member or authorized representative of a member

Heidi F. Molina

Typed or printed name of signer