9/13/22, 2:26 PM

Division of Corporations



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Division of Corporations

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HOMEFIRST LENDING, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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Corporate Filing Menu

Help

To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOMEFIRST LENDING, LLC		
(Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appears on our records.) lity Company)	
The Articles of Organization for this Limited Liability Company wer	re 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:	
HOMEPEACE SOLUTIONS, LLC		
The new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<del></del>
-		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
_		- N
B. If amending the registered agent and/or registered office add	ress on our records, <u>enter the na</u>	me of the new egistered
agent and/or the new registered office address bere:		SE SE
Name of New Registered Agent:		SS5 3 E≥
New Registered Office Address:	Enter Florida street address	<del></del>
	Enter Provide street delivess	<u>9</u>
	, Florida	::: <u>\alpha</u>
	City	Zin 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.

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MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	AMBR = Authorized Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action				
			□Add				
			□Remove				
			□Add				
			□Remove				
			□Change				
			□Add				
			□Remove				
			□Add				
			□Remove				
			Change				
			□Add				
			□Remove				
			🗀 Add				
			Remove				
			□Change				

HEIDI F. MOLINA

To:

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) E. Effective date, if other than the date of filing: (15 an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) 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. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated 9/12

Signature of a member or authorized representative of a member

Typed or printed name of signee