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SECRETARY OF STATE
DIVISION OF CORPORATIONS

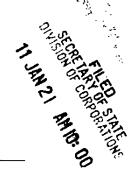
COVER LETTER

	S.
SUBJECT: Wallow How Loav Funding, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing.	2
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
- An Stern	
clo Jordana Sarrell, PA	
Firm/Company	
5499 N. rederal Hwy, Suite B	
Boca Raton & 33487	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Tordana Sarrell at (954) 8644887 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$55.00 Filing Fee & 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**



WACHOVIA HO (Name of the Limited Liabilia	tv Company	FUNDING, as it now app bility Compan	ears on ou	r records.))
The Articles of Organization for this Limited Liability Florida document number <u>L100004</u>	Company w		4/10	1/2010	and assigned	
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lin	nited liabili	ty company l	nere: J	HS, Re	aty, LLC	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited	d Liability Con	npany," the	designation "L	LC" or the abbreviati	on
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADD	RESS)					
	-		`	,		
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or registered agent and/or the new registered office ade		e address o	n our rec	ords, <u>enter t</u>	he name of the no	w
Name of New Registered Agent:						
New Registered Office Address:						
			Enter Flor	ida street addi	ress	
		- CI		_, Florida		,
New Pegistered Agent's Signature if changing Pegister		City			Zip Code	

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

<u> </u>	<u>Name</u>	<u>Address</u> .	Type of Action
			Add
			Remove
			∏ Add
			Remove
			
			Add Remove
	·		Add Remove
	•		
		· 	Add
			Remove
			Add
			Remove
). If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_
			
			_
			_
			
— Dated	January 13. 20	D/ f	_
	75.		
	Signature of a membe	r or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00