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. (Requestor's Name)		
(Address)		
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PICK-UP WAIT MAIL		
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(Document Number)		
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J. SAULSBERRY EXAMINER

AUG 4 2011

COVER LETTER

Division of Corporations	
SUBJECT: Lower My	Home Loan Rale, LLC of Limited Liability Company
The enclosed Articles of Amendment and fee(s)	are submitted for filing.
Please return all correspondence concerning this	matter to the following:
E-mail add For further information concerning this matter, p	at (964) Gol- 670 6
Name of Person	Area Code & Daytime Telephone Number > 5
Enclosed is a check for the following amount: \$25.00 Filing Fee Certificate of Sta	&\$55.00 Filing Fee &\$60.00 Filing Fee, atus
MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lower My	Home Loan &	Rate LLC
	ity Company as it now appears of a Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the we"L.L.C."	ords "Limited Liability Company,"	' the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		~~
(Principal office address MUST BE A STREET ADD	PRESS)	SECTION SECTION
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		AUG -3 AM 8: 56 RETARY OF STATE AHASSEE. FLORIDA
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad-		records, enter th. name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter l	Florida street address
	City	, Florida Zip Code
	<i></i>	sip come

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

MGRM = Managing Member **Type of Action Title** <u>Address</u> Koesner JoN Remove ☐ Add ☐ Remove ∏Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or a representative of a member

Page 2 of 2

Filing Fee: \$25.00