# L14000166146

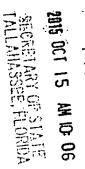
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TO: Registration Section 5 Division of Corporations
SUBJECT: First Rate Home Loan, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Test Ventania Name of Person
Vratanina Family LLP Firm/Company
1005 Longley Cove
Lake Wary, FL 32746  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Teff Vortanina at (467) 948-3369  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \\$30.00 Filing Fee \& \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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

Professional States (Sept. 2)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED.
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SECRETARY OF STATE TALLAHASSEE, FLORIDA The Articles of Organization for this Limited Liability Company were filed on 10/24/2014 and assigned Florida document number <u>L14000166146</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited diability 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) No Change Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) NO Change 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: No Charge Name of New Registered Agent: New Registered Office Address: Enter Florida street address

### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

# . If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: No Change MGR = Manager AMBR = Authorized Member **Title** <u>Address</u> **Type of Action Name** \_□ Add ☐ Remove ☐ Change □ Add □ Remove \_□ Change \_ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Remove ☐ Change □ Add ☐ Remove

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