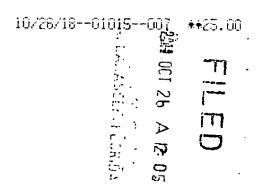
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Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor		*		
Florida Ho SUBJECT:	me Loans LLC			
	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Eric Coleman			
,.		Name of Person		
'	Florida Home Loans LLC			77
	8201 Narrow Leaf Pt	Firm/Company	企工が出来が	FILED
	Sanford FL 32771	Address	A IR 05	O
	ericstarrcoleman@gmail.co	City/State and Zip Code m		
	E-mail address: (to be used for future annual report notifi	cation)	
For further information c	oncerning this matter, please c	all:		
Jorge Magana		561 801-3477		
Name o	r Person		Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & 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

Florida Home Loans 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 October 3rd 2018 ____ and assigned Florida document number $\underline{L1}8000234348$ 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 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

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.

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Eric Coleman	8201 Narrow Leaf Pt Sanford FL 32771	■ Add
			Remove
			Change
			Remove
			Dipy D Vega
			Remove -
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ective date, if other than the confective date is listed, the date must	date of filing: be specific and cannot be	prior to date of f	iling or more than 90 o	_ (optional) lavs after filing.) l	Pursuant to 6	05.020
te: If the date inserted in this blo ument's effective date on the De	ck does not meet the a	pplicable statut ords.	ory filing requireme	ents, this date w	ill not be li	sted a
	,					
record specifies a delayed	effective date, bu	it not an effe	ective time, at 1	2:01 a.m. o	n the ear	lier d
he 90th day after the reco	rd is filed.					
October 22nd	2018		,			
ea	·					
			_			

Page 3 of 3

Filing Fee: \$25.00