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COVER LETTER

	tegistration Sec Division of Corp		
/ \		OME LENDERS L.L.C.1	•
SUBJECT	l:	Name of Lin	nited Liability Company
The enclos	sed Articles of A	Amendment and fee(s) are sub	bmitted for filing.
Please retu	ırn all correspor	ndence concerning this matter	to the following:
		MERCEDES DEBORA R	REYES
			Name of Person
		SHALOM BUSINESS &	ACCOUNTING
			Firm/Company
		3251 SW 67TH AVE	
			Address
		MIAMI FLORIDA 331	Name of Person GM BUSINESS & ACCOUNTING Firm/Company Address If FLORIDA 33155MER City/State and Zip Code Oshalomaccounting.com E-mail address: (to be used for future annual report notification) this matter, please call: at (
		mercy@shalomaccounting.	
For further	r information co	oncerning this matter, please co	
MERCEE	DES DEBORA I	REYES	
	Name of	Person	Area Code Daytime Telephone Number
Enclosed i	s a check for the	e following amount:	
€ \$25.00) Filing Fee	CI \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R C P	<u>Mailing Address</u> Registration S Division of Co LO. Box 6327 Callahassee, F	ection orporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNITED HOME LENDERS L.L.C.1					
(<u>Name of the Limited Li</u> (A.F	ability Compa lorida Limited I	ny as it now appears on our records.) Liability Company)			
he Articles of Organization for this Limited Liabil	ity Company	were filed on 01/24/2019	and assigned		
lorida document number L19000026266					
his amendment is submitted to amend the followin	ıg:				
. If amending name, enter the new name of the	limited liab	ility company here:			
INITED HOME LENDERS L.L.C.					
he new name must be distinguishable and contain the words	"Limited Liabil	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		12720 SW 76TH ST			
		MIAMI FLORIDA 33183			
'ntor now mailing address if analisable.		12720 SW 76TH ST			
Enter new mailing address, if applicable:		MIAME FLORIDA 33183			
Mailing address MAY BE A POST OFFICE BON	7				
3. If amending the registered agent and/or registered		address on our records, enter the nar			
gent and/or the new registered office address he	<u>re</u> :		2021 141		
Name of New Registered Agent:	CARDO, HEC	TOR L	75"; ":		
New Registered Office Address:	2720 SW 76 S	ST	0		
		Enter Florida street address	: : : : : : : : : : : : : :		
N	HAMI	Florida 3	3183 : 호		

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 bereby 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:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGRM	NARDO, HECTOR L	12720 SW 76 ST MIAMI FLORIDA 33183	□Add
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			= Change
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	other than the date isted, the date must be s	e of filing:	4/28/2021 not be prior to da the applicable	ate of filing or mor statutory filing	(opt e than 90 days afte requirements, th	ional) er tiling.) Pursuant t is date will not be	o 605.0207 e listed as
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Filing Fee: \$25.00