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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Registration Section

TO:

Div	ision of Cor	porations				
	Lend USA	· Mortgage, LLC				
SUBJECT:		Name of Lin	ited Liability Company			
The enclosed	l Articles of a	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspon	ndence concerning this matter	to the following:			
		Hector L. Fernandez				
			Name of Person		_	
		Lend USA Mortgage, LLC			262	
			Firm/Company		-:1:	cri
		6400 Melaleuca Lane, Sui	te 401		2021 JUH 14	,
			Address		- - 0	
		Greenacres, Fl. 33463			PH 3: 14	
		Hlfernandez@live.com	City/State and Zip Code			
		-	to be used for future annual report noti-	fication)		
For further in	iformation co	oncerning this matter, please c	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Hector L. Fe	rnandez		561 571-2785			
	Name of	Person	at () Area Code Daytime	e Telephone Numbe	er	
Enclosed is a	check for the	e following amount:				
≅ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &	
	ling Address		Street Address:	••		
	gistration S vision of Co	ection orporations	Registration Sec Division of Cor			
	Box 6327		The Centre of T			
Tal	lahassee F	1.32314	2415 N. Monroe	Street Suite !	810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lend USA Mortgage, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our record a Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability (Company were filed on 07/20/2020	and assigned
Florida document number L20000209599	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Home and Financial Lending, LLC		
The new name must be distinguishable and contain the words "Lir	nited 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 ADD)	RESS)	
		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enter new mailing address, if applicable:		ر الله الله الله الله الله الله الله الل
(Mailing address MAY BE A POST OFFICE BOX)		-37-
B. If amending the registered agent and/or registere	d office address on our records, enter	the name of the new registere
agent and/or the new registered office address here:	· 	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	57.	• 1
	, Flo	orida Zip Code

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>	Address	Type of Action
			□Add
			□Remove
			□Change
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			Remove C T Change
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record specif I is filed.	fies a delayed	effective date	, but not an	effective t	ime. at 12:	01 a.m. on	the earlie	r of: (b)	The 90	th day a	fter the
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4		Signal	ture of a men	nber or auth	orized repre	sentative of	'a member				

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