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COVER LETTER

Div	ision of Corp	porations					
d	TREASURE COAST HOME LOANS, LLC						
SUBJECT:		Name of Limi	ted Liability Company				
The enclosed	l Articles of .						
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
		EDGAR DEJESUS					
		· · · · · · · · · · · · · · · · · · ·	Name of Person				
		TREASURE COAST HOM	IE LOANS, LLC				
			Firm/Company				
	10380 SOUTH WEST VILLAGE CENTER DRIVE #109						
		-	Address				
		PORT SAINT LUCIE, FL	34987				
			City/State and Zip Code	<u> </u>			
		-		ritionation)			
Car Comban :	- <i>f</i>			(meacon)			
		oncerning this matter, please ca					
EDGAR DEJESUS							
	Name o	f Person	Area Code Dayur	ne Telephone Number			
Enclosed is:	a check for th	ne following amount:					
■ \$25.00			S55.00 Filing Fee & Certified Copy (additional copy is enclosed)				
	niling Addres		<u>Street Address:</u> Registration S	ection			
	gistration S vision of C	Section Corporations	Division of Co	orporations			
	D. Box 632		The Centre of	Tallahassee			

Tallahassee, FL 32314

TO:

Registration Section

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TREASURE COAST HOME LOANS, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records, liability Company))
The Articles of Organization for this Limited Liability Company Florida document number L20000341859		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20:
(Principal office address MUST BE A STREET ADDRESS)		20 +
		F F 7070 NOV
Enter new mailing address, if applicable:		16 PK
(Mailing address MAY BE A POST OFFICE BOX)	្ញុំហ្គ	
		<u>გ</u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u> l	he name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	City	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 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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	EMILY DEJESUS	10380 SW VILLAGE CENTER DR #109	= Add
		PORT SAINT LUCIE, FL 34987	□Remove
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			□Remove
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Filing Fee: \$25.00