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COVER LETTER

TO:

TO: Registration So Division of Cor				
Pathway H	ome Credit Services, LLC			
SUBJECT:	Name of Lin	nted Liability Company		
	Amendment and fee(s) are sub	_		
	Marti S Pawłoski, PhD			
		Name of Person		2621
	Pathway Home Credit Ser	vices, LLC	_ <u></u> 	2021 HOV 29
		Firm/Company	· ·	29
	601 Innovation Way, Suite	: 126		PM 3: 04
		Address	- -	ns si
	Daytona Beach, Florida 3	2114	ï	- E
	Marti Bandashizidanasi?	City/State and Zip Code		
	Marti,Pawloski@hotmail.co	on to be used for future annual report noti	fication)	
For further information c	concerning this matter, please e			
Marti S Pawłoski		727 313-1090 at ()		
Name c	of Person		e Telephone Number	
Enclosed is a check for t	he following amount:			
✓ \$25.00 Filing Fee & Certificate of Status		☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing I Certificate of Certified Copy (additional copy)	Status & 9
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ction	
Division of Corporations		Division of Cor	porations	
P.O. Box 632		The Centre of T		
Tallahassee,	E につてつ 14	2410 N. Monro	e Street, Suite 810 -	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pathway Home Credit Services, 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 7-12-2021 and assigned Florida document number 1.21000317155 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: American Hometown Credit Services, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation, Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) ကဲ့ 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 Circ 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			_ ∃Add
			_ □Remove
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