## 421000392996

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
| Q. SILAS                                |
| rcය () 20 <b>22</b>                     |
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## **COVER LETTER**

|                 |        | stration Sedion of Corp   |  |   |                                 |   |
|-----------------|--------|---------------------------|--|---|---------------------------------|---|
| erm rez         | ·′r`.  |                           | inding LLC                                   |   |                                 |   |
| SUBJEC          | .1: -  |                           | Name of Lm                                   | nited Liability Comp                          | any                             |   |
| The enclo       | osed   | Articles of a             | Amendment and fee(s) are sub                 | omitted for filing.                           |                                 |   |
| Please re       | turn : | all correspo              | ndence concerning this matter                | to the following:                             |                                 |   |
|                 |        |                           | Andrew Letourneau                            |   |                                 |   |
|                 |        |                           |  | Name of Per                                   | son                             |   |
|                 |        |                           | Homeine Funding LLC                          |   |                                 |   |
|                 |        |                           |  | Firm Compa                                    | inv                             |   |
|                 |        |                           | 1830 W Broward Blvd                          |   |                                 |   |
|                 |        |                           |  | Address                                       |                                 | ···   |
|                 |        |                           | Fort Lauderdale, FL 33312                    | 2   |                                 |   |
|                 |        |                           |  | City/State and Zi                             | p Code                          | <del></del>   |
|                 |        |                           | angela@homeinc.com                           |   |                                 |   |
|                 |        |                           | E-mail address: (                            | (to be used for fittire                       | annual report no                | ntication)  |
| For furthe      | er int | ormation co               | oncerning this matter, please c              | all:  |                                 |   |
| Angela          |        |                           |  | 612<br>at (                                   | 3842644                         |   |
|                 |        | Name of                   | Person                                       | Area Co                                       | de Daytii                       | ne Telephone Number   |
| Enclosed        | is a   | rheck for th              | e following amount:                          |   |                                 |   |
| <b>■</b> \$25.0 | 00 Fi  | ling Fee                  | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filir<br>Certified C<br>tadditional co | _                               | S60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed) |
|                 |        | ing Address<br>stration S |  |   | reet Address:<br>egistration So | ection  |
|                 | _      |                           | orporations                                  |   | ivision of Co                   |   |
| ]               | P.O.   | Box 632                   | 7  | T   | he Centre of                    | Tallahassee   |
| •               | Tall   | ihassee, F                | 1, 32314                                     | 24  | 115 N. Monre                    | oe Street, Suite 810  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Homeine Funding LLC

2022 FEB -4 AM 8: 59

| (Name of the Limited Late) (A Flori  | da Limited Liability Company)                  | THE PARY OF STATE                     |
|--|--|---------------------------------------|
| The Articles of Organization for this Limited Liability  | Company were filed on 09/02/2021               | and assigned                          |
| Plorida document number L21000392996   |  |                                       |
|  | <del></del> '                                  |                                       |
| his amendment is submitted to amend the following:   |  |                                       |
| A. If amending name, enter the new name of the lin   | nited liability company here:                  |                                       |
| The new name must be distinguishable and contain the words "L  | imited Liability Company," the designation "Li | LC" or the abbreviation "L.L.C."      |
| Enter new principal offices address, if applicable:  |  |                                       |
| Principal office address MUST BE A STREET ADI  | DRESS)   |                                       |
|  |  |                                       |
|  |  |                                       |
| Enter new mailing address, if applicable:  |  |                                       |
| Mailing address MAY BE A POST OFFICE BOX)  |  |                                       |
|  |  |                                       |
|  | and afternoold make an one records and         | or the name of the new regi           |
| <ol> <li>If amending the registered agent and/or register<br/>agent and/or the new registered office address here</li> </ol> | ;  | er the name of the new rega           |
|  |  |                                       |
| Name of New Registered Agent:  |  |                                       |
| N D in d (NVI Addresser  |  |                                       |
| New Registered Office Address:   | Enter Florida street add                       | ress                                  |
|  |  | Florida                               |
|  | City   | · · · · · · · · · · · · · · · · · · · |

## 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 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> | Name              | Address                   | Type of Action |
|--------------|-------------------|---------------------------|----------------|
| Mgr          | Angela Letourneau | 1830 W Broward Blvd       | ■Add           |
|              |                   | Fort Lauderdale, FL 33312 | Remove         |
|              |                   |                           | □Change        |
|              |                   |                           | □Add           |
|              |                   |                           | DRemove        |
|              |                   |                           | Change         |
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|  | 1 31 22  |  | _ (optional)                            |
| e: If the date inserted in this        | must be specific and cannot be prior to de block does not meet the applicable Department of State's records. | ate of filing or more than 90 o<br>statutory filing requirem | lays after filing.) Pursuant to 605.020 |
| cord specifies a delayed effect filed. | ctive date, but not an effective time,   | at 12:01 a.m. on the earli                                   | er of: (b) The 90th day after the       |
| January 31<br>ed                       | 2022   |  |   |
|  | 1/11/1   |  |   |
|  | <i></i>  |  |   |

Typed or printed name of signee