# Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000130457 3)))



H220001304573ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 : (561)214-8442 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email	Address:			_
CHILDIT	VANTAGO .			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## HOMEOWNERS MORTGAGE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

### ARTICLES OF AMENDMENT TO ... ARTICLES OF ORGANIZATION OF

HOMEOWNERS MORTGAGE, LLC				
(Name of the Limited Liability Compa (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 L21000518865	were filed on 12/01/2021 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:			
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	120C East Curtis Street			
Principal office address MUST BE A STREET ADDRESS)	Simpsonville, SC 29604			
Enter new mailing address, if applicable:	120C East Curtis Street			
Mailing address MAY BE A POST OFFICE BOX)	Simpsonville, SC 29604			
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new regist			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	Cltu 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 Agen

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	Name	Address	Type of Action
			□Add
			☐ Remove
			□Change
			□Remove
			☐ Change
			□Remove
			□Change
			□Add
	•		□Remove
			□ Change
		<u>,</u>	□Add
			□Remove
			☐ Change
			□Add
			□ Пет.о∨е
			∏ Change

<u> </u>									
							<del></del> -		
					··				
<u></u>									
							-	<del></del>	
	•								
,				<u> </u>		<del></del>			
-									
-									
	·								
				<u>.</u> .		<u> </u>			•
									-
									-
				-			_		_
_					· <u>·</u>				
Note: II	e date, if other that tive date is listed, the d I the date inserted in at's effective date or	mis mock do	es their miseer mi	C ADDITOGO.	te of filing or statutory fil	more than 90 c	_ (optional) lays after filing ents, this date	.) Pursuant to 60 will not be lis	5.0207 ted as
record d is file	specifies a delayed é d.	ffective date,	but not an ef)	fective time,	at 12:01 a.m	, on the earli	er of: (b) Ti	ne 90th day aft	er the
Dated _	April 11th	(Id)	200	<u></u> ·					
		Signat	ure of a member	er authorize	representati	ve of a membe	er -		

Filing Fee: \$25.00