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CT Corporation System
660 East Jefferson Street
Tallahassee, FL 32301
850-222-1092

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Corporation(s) Name

Home Connects Lending Services, LLC

to:

HCLS, LLC

FILED
SECRETARY OF CORPORATIONS
00 AUG -8 PM 3:46

<input type="checkbox"/> Profit	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution	<input type="checkbox"/> Mark
<input type="checkbox"/> LLC		
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Reservation	<input type="checkbox"/> Ch. RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input checked="" type="checkbox"/> Walk in	<input checked="" type="checkbox"/> Pick-up	<input type="checkbox"/> Will Wait

Name Availability: _____

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To:

Melanie Strickland

Thank You!

RECEIVED
00 AUG -8 PM 12:46
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

[Handwritten signature]

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 AUG -8 PM 3:46

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: Home Connects Lending Services, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: June 27, 2000

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? July 18, 2000
5. New name of the limited liability company: HCLS, LLC
6. If the amendment changes the period of duration, indicate new period of duration: _____
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: _____
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of a member or the authorized
representative of a member

Bruce Bowen, Secretary
GMACRH Settlement Services, Inc.,
Managing Member

Typed or printed name of signee

State of Delaware
Office of the Secretary of State

PAGE

00 AUG -8 PH 3:46
DIVISION OF CORPORATIONS

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "HOME CONNECTS LENDING
SERVICES, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS
NAME TO "HCLS, LLC", THE EIGHTEENTH DAY OF JULY, A.D. 2000, AT
4:30 O'CLOCK P.M.



A handwritten signature in cursive script, reading "Edward J. Freel".

Edward J. Freel, Secretary of State

3200861 8320

001392289

AUTHENTICATION: 0598447

DATE: 08-03-00