

M0500004543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

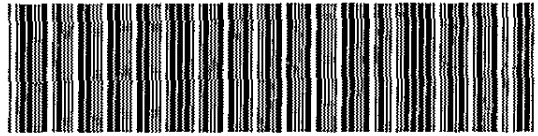
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FF \$25  
cc/cus 35

**Thacher  
Proffitt**

Thacher Proffitt & Wood LLP  
1700 Pennsylvania Avenue, NW  
Suite 800  
Washington, DC 20006  
202.347.8400

Fax: 202.626.1930  
www.tpw.com

VIA FEDERAL EXPRESS

September 27, 2006

Secretary of State  
Florida Department of State  
R. A. Gray Building  
500 South Bronough Street  
Tallahassee, FL 32399-0250

Re: Chapel Funding, LLC: Name Change Filings

To Whom It May Concern:

Please find enclosed on behalf of our client, Chapel Funding, LLC, the required documents to change its name to "db home lending llc". We have included the appropriate fees and supporting documentation. Please do not hesitate to call me at (202) 626-1940 with any questions or concerns. Thank you for your attention to this matter.

Regards,

  
Aminah Mohammad

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RECEIVED**

SEP 29 2006

Sec. of State's Office

Enclosures

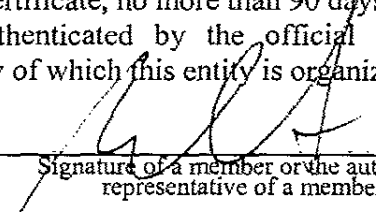
**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO  
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

**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: Chapel Funding, LLC
2. Jurisdiction of its organization: California
3. Date authorized to do business in Florida: 08/12/2005

**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? September 8, 2006
5. New name of the limited liability company: db home lending 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

Michael Commaroto

Typed or printed name of signee

**Filing Fee: \$25.00**

**FILED**  
2006 OCT - 3 P 1:54b  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**State of California**  
Secretary of State



I, BRUCE McPHERSON, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) was prepared by and in this office from the record on file, of which it purports to be a copy, and that it is full, true and correct.



**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of

SEP 22 2006

BRUCE McPHERSON  
Secretary of State



State of California  
Secretary of State

LIMITED LIABILITY COMPANY  
CERTIFICATE OF AMENDMENT

A \$30.00 filing fee must accompany this form.

IMPORTANT - Read instructions before completing this form.

**FILED**  
In the office of the Secretary of State  
of the State of California

SEP 08 2006

This Space For Filing Use Only

1. SECRETARY OF STATE FILE NUMBER 200026310032	2. NAME OF LIMITED LIABILITY COMPANY Chapel Funding, LLC
3. COMPLETE ONLY THE SECTIONS WHERE INFORMATION IS BEING CHANGED. ADDITIONAL PAGES MAY BE ATTACHED IF NECESSARY.  A. LIMITED LIABILITY COMPANY NAME (END THE NAME WITH THE WORDS "LIMITED LIABILITY COMPANY," "LTD. LIABILITY CO." OR THE ABBREVIATIONS "LLC" OR "L.L.C.") db home lending llc  B. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY (CHECK ONE): <input type="checkbox"/> ONE MANAGER <input type="checkbox"/> MORE THAN ONE MANAGER <input type="checkbox"/> ALL LIMITED LIABILITY COMPANY MEMBER(S)  C. AMENDMENT TO TEXT OF THE ARTICLES OF ORGANIZATION:  D. OTHER MATTERS TO BE INCLUDED IN THIS CERTIFICATE MAY BE SET FORTH ON SEPARATE ATTACHED PAGES AND ARE MADE A PART OF THIS CERTIFICATE. OTHER MATTERS MAY INCLUDE A CHANGE IN THE LATEST DATE ON WHICH THE LIMITED LIABILITY COMPANY IS TO DISSOLVE OR ANY CHANGE IN THE EVENTS THAT WILL CAUSE THE DISSOLUTION.	
4. FUTURE EFFECTIVE DATE, IF ANY: MONTH DAY YEAR	
5. NUMBER OF PAGES ATTACHED, IF ANY:	
6. IT IS HEREBY DECLARED THAT I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.  SIGNATURE OF AUTHORIZED PERSON: <u>Kina R Mitchell</u> DATE: <u>9-8-06</u> TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON: <u>KINA R MITCHELL, PRES C.O.O</u>	
7. RETURN TO: NAME: James Wilhelm FIRM: Deutsche Bank ADDRESS: 60 Wall Street - (NYC60-4006) CITY/STATE: New York, NY ZIP CODE: 10005	

