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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NRC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AmeriFirst National Financial Services of Lake County, L.L.C.
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Boesch

(Name of Person)

(Firm/Company)

2536 Countryside Blvd., 6th Floor

(Address)

Clearwater FL 33763

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Boesch

(Name of Person)

at (727) 726-0726

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☒ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT
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: AmeriFirst National Financial Services of Lake County, L.L.C.
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: June 12, 2006

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? August 15, 2007
5. New name of the limited liability company: Interstate First Financial of Lake County, L.L.C.
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "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

Timothy O. North

Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

Delaware

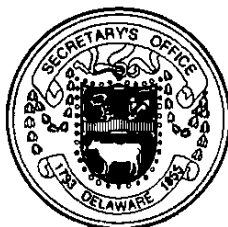
PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "AMERIFIRST NATIONAL FINANCIAL SERVICES OF LAKE COUNTY, L.L.C.", CHANGING ITS NAME FROM "AMERIFIRST NATIONAL FINANCIAL SERVICES OF LAKE COUNTY, L.L.C." TO "INTERSTATE FIRST FINANCIAL OF LAKE COUNTY, L.L.C.", FILED IN THIS OFFICE ON THE FIFTEENTH DAY OF AUGUST, A.D. 2007, AT 3:32 O'CLOCK P.M.

4159597 8100

070925466



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5929429

DATE: 08-15-07

State of Delaware
Secretary of State
Division of Corporations
Delivered 03:32 PM 08/15/2007
FILED 03:32 PM 08/15/2007
SRV 070925466 - 4159597 FILE

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: AMERIFIRST NATIONAL
FINANCIAL SERVICES OF LAKE COUNTY, L.L.C.
2. The Certificate of Formation of the limited liability company is hereby amended
as follows:

The Name of the L.L.C. shall be changed to:
Interstate First Financial of Lake County, L.L.C.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 15 day of August, A.D. 2007.

By: 
Authorized Person(s)

Name: Timothy O North L.L.C. Mgr
Print or Type