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SECRETANY OF STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 17, 2007

MICHAEL BOESCH 2536 COUNTRYSIDE BLVD. 6TH FLOOR CLEARWATER, FL 33763

SUBJECT: AMERIFIRST NATIONAL FINANCIAL OF CLEARWATER, L.L.C.

Ref. Number: M06000004645

We have received your document for AMERIFIRST NATIONAL FINANCIAL OF CLEARWATER, L.L.C. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Document Specialist

Letter Number: 807A00050187

COVER LETTER

TO: Registration Section Division of Corporations

| SUBJECT: Ame | eriFirst National | | | · |
|---|---|-------------------------|------------------------------------|---|
| | (Name of Foreign | i Limited Liabil | ity Compa | ny) |
| Dear Sir or Madam: | | | | |
| The enclosed applica | ation, certificate and fee(s | s) are submitted | for filing. | |
| Please return all corr | respondence concerning t | his matter to the | e following | ;: |
| Michael Boes | sch | | | |
| | (Name of Person) | | | |
| | (Firm/Company) | | | |
| 2536 Country | yside Blvd., 6th | Floor | | |
| | (Address) | | | |
| Clearwater F | L 33763 | | | |
| | (City/State and Zip Cod | de) | | |
| For further informati | ion concerning this matte | r, please call: | | |
| Michael Boes | sch | at (727) | 726-07 | 726 |
| (Nam | e of Person) | \ / | Daytime T | Telephone Number) |
| Registration Division of C Clifton Build 2661 Executi | Corporations | | Registrati Division P.O. Box | G ADDRESS: ion Section of Corporations 6327 ee, Florida 32314 |
| Enclosed is a check | for the following amou | nt: | | |
| \$25 Filing Fee | ☐ \$30 Filing Fee & Certificate of Status | \$55 Filin Certified | _ | \$60 Filing Fee, Certificate of Status & Certified Copy |



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 OF CLEARWATER, L.L.C.", CHANGING ITS NAME FROM "AMERIFIRST NATIONAL FINANCIAL OF CLEARWATER, L.L.C." TO "INTERSTATE FIRST FINANCIAL OF CLEARWATER, L.L.C.", FILED IN THIS OFFICE ON THE FOURTEENTH DAY OF AUGUST, A.D. 2007, AT 11:31 O'CLOCK A.M.



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5924247

DATE: 08-14-07

4195181 070918849

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 Departme State: AmeriFirst National Financial of Clearwater, L.L.C. | ent of | | |
|----------------|---|----------------------------|---------------------|-------|
| | P | FCS | | |
| 2. | Jurisdiction of its organization: Delaware | <u>新</u> | AUG 22 | FILEU |
| 3. | Date authorized to do business in Florida: August 21, 2006 | SHOP TO | PH | 5 |
| | SECTION II (4-7 complete only the applicable changes) | LOSE! | PH 4: 36 |) |
| 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 14, 2007 | \(\rightarrow\) | _ | |
| 5. | . New name of the limited liability company: Interstate First Financial of Clearwat (must end with "Limited Liability Company, ""L.L.C.," or | ter L.I | <u>L.</u> C. .") | |
| Fl th or | If name unavailable, enter alternate name adopted for the purpose of transacting business lorida and attach a copy of the written consent of the managers or managing members are alternate name. The alternate name must end with "Limited Liability Company," "L.I r "LLC.") If the amendment changes the period of duration, indicate new period of duration: | doptin | g | |
| 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 correction: | i and | i the | |
| 9. | Attached is an original certificate, no more than 90 days old, evidencing the aforemen amendment(s), duly authenticated by the official having custody of records in the under the law of which this entity is organized. Signature of a member of the authorized representative of a member Timothy O. North Typed or printed name of signee | tioned e jur | — l isdict | ion |

Filing Fee: \$25.00

INDEPENDENT_AGENCY

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:31 AM 08/14/2007
FILED 11:31 AM 08/14/2007
SRV 070918849 - 4195181 FILE

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

| The C | ertificate of I | ormation of the lin | nited liabili | ty company is hereby |
|---------|-----------------|---------------------|---------------|-----------------------|
| e follo |)W\$: | | | |
| The I | Name of t | he L.L.C. sha | ill be c | hanged to: |
| Inte | etata Pi | rst Pinancia! | l of Cle | arwater, L.L.C. |
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| n WI | TNESS Y | EREOF, the unde | rsigned hav | executed this Certifi |
| he | 145 | day of Augu | st | , A.D. 25 |
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| | • | | | |
| | | By. | | |
| | | | | Authorized Person(s) |

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