

13000007902

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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.

(((H21000318690 3)))



H210003186903ABC/

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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

2021 AUG 25 AM 10:17
FILED
FLORIDA STATE
DIVISION OF CORPORATIONS

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HOMESIDE FINANCIAL, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

AUG 26 2021

A. LUNT

2021 AUG 25 AM 10:17

FLA LAHASSSE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Homeside Financial, LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

FILED
OF STATE
SECRETARY
DIVISION OF CORPORATION

2021 AUG 25 AM 10:17

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M13000007902

3. Jurisdiction of its organization: MD

4. Date authorized to do business in Florida: 12/13/2013

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Lower, LLC
(must contain "Limited Liability Company," "LLC," or "L.L.C.")

(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 contain "Limited Liability Company," "LLC," or "L.L.C.")

6. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City _____ 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 Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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Add

Remove

Add

Remove

Add

Remove

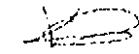
Add

Remove

Add

Remove

9. Attached is a certificate, if required: 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 the authorized representative

Kimberly Bowens, Member

Typed or printed name of signee

Filing Fee: \$25.00

Acknowledgement Number: 1000362013290293

STATE OF MARYLAND
Department of Assessments and Taxation

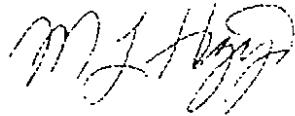
I, Michael L. Higgs, Director of the State Department of Assessments and Taxation, hereby certify that the attached document, consisting of 2 pages, inscribed with the same Authentication Code, is a true copy of the public record of the

ARTICLES OF AMENDMENT / NAME CHANGE-DOMESTIC LLC
for
LOWER, LLC

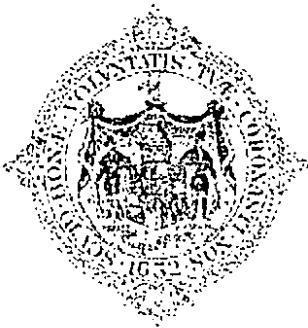
(Department ID: **W15453111**)

I further certify that this document is a true copy generated from the online service with the State Department of Assessments and Taxation.

In witness whereof, I have hereunto subscribed my signature and affixed the seal of the State Department of Assessments and Taxation of Maryland at Baltimore on this August 24, 2021.



Michael L. Higgs
Director



301 West Preston Street, Baltimore, Maryland 21201
Telephone Baltimore Metro (410) 767-1344 / Outside Baltimore Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

CORPORATE CHARTER APPROVAL SHEET

** EXPEDITED SERVICE **

** KEEP WITH DOCUMENT **

DOCUMENT CODE 41A BUSINESS CODE _____W15453111

sc _____ Stock _____ Nonstock _____

Religious _____

Converting/Converting _____

Surviving/Resulting _____

FEES REMITTED

Base Fee:	<u>100</u>
Org. & Cap. Fee:	<u>465</u>
Expedite Fee:	
Penalty:	
State Recordation Tax:	
State Transfer Tax:	
Certified Copies	<u>22</u>
Copy Fee:	
Certificates	<u>20</u>
Certificate of Status Fee:	
Personal Property Filings:	
NP Fund:	
Other:	

TOTAL FEES: 607

Credit Card _____ Check _____ Cash _____

Documents on _____ Checks _____

Approved By: 16

Signed By: _____

COMMENT(S):



1000362013290293

ID #: W15453111 RCK #: 1000362013290293
PAGES: 0002
LDMER, LLC

08/10/2021 AT 12:13 P M NO #: 0005082336

New Name Lower LLC

Change of Name
 Change of Principal Office
 Change of Resident Agent
 Change of Resident Agent Address
 Resignation of Resident Agent
 Designation of Resident Agent and Resident Agent's Address
 Change of Business Code

 Adoption of Assumed Name Other Change(s)Code 007

Attention: _____

ASHLAND CORPORATE SERVICES, LLC
 2405 YORK ROAD
 SUITE 201
 LUTHERVILLE TIMONIUM MD 21093-2264

**CERTIFIED
COPY MADE**

Stamp Work Order and Customer Number HERE

CUST ID: 0003865760
 WORK ORDER: 0005082336
 DATE: 08-10-2021 12:13 PM
 RMT. PAID: \$647.00

ARTICLES OF AMENDMENT FOR A MARYLAND LIMITED LIABILITY COMPANY

(1) Homeside Financial, LLC

Insert full name of the Limited Liability Company (LLC) exactly as it appears in SDAT's records.

(2) The Charter of the Limited Liability Company is hereby amended as follows:

The name of the LLC will be changed to Lower, LLC.

(3) The undersigned acknowledges that this is an act of the above-named limited liability company, and verifies, under the penalties for perjury, that the matters and facts stated herein, which require such verification, are true and accurate, to the best of their knowledge, information, and belief.

(4) Michael Baynes - Authorized Person



Signature of Authorized Person(s)

(5) I hereby consent to serve as Resident Agent for the above-named Limited Liability Company.

Signature required only for new resident agents

CUST ID: 0003865760
WORK ORDER: 0005082336
DATE: 08-10-2021 12:13 PM
AMT. PAID: \$647.00