

7/13000007902

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

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

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

Email Address: \_\_\_\_\_

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 11:39

RECEIVED  
TALLAHASSEE, 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)

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: 1113000007902

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 "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 contain "Limited Liability Company," "LLC," or "LLC.")

6. If amending the registered agent and/or registered officer 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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2021 AUG 25 AM 10:17

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

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

**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

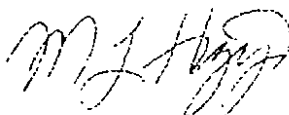
**ARTICLES OF AMENDMENT / NAME CHANGE-DOMESTIC LLC**

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 TTY/Voice

Online Certificate Authentication Code: B-oydiVDykyP4cXdG-4IDPw  
To verify the Authentication Code, visit <http://dat.maryland.gov/verify>

**CORPORATE CHARTER APPROVAL SHEET****\*\* EXPEDITED SERVICE \*\*****\*\* KEEP WITH DOCUMENT \*\***DOCUMENT CODE 41A BUSINESS CODE \_\_\_\_\_015453111

se \_\_\_\_\_ Stock \_\_\_\_\_ Nonstock \_\_\_\_\_

Religious \_\_\_\_\_

Changing/Converting \_\_\_\_\_

Living/Resulting \_\_\_\_\_



1000362013290293

ID # W15453111 ACK # 1000362013290293  
PAGES: 0002  
LOWER, LLC

08/10/2021 AT 12:13 P M0 # 0005082336

New Name Lower LLC**FEES REMITTED**

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

TOTAL FEES: 607

Credit Card \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_

Documents on \_\_\_\_\_ Checks

Approved By: 16

Sighted By: \_\_\_\_\_

COMMENT(S):

☒ 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  
 AMT. PAID: \$647.00

**ARTICLES OF AMENDMENT  
FOR A  
MARYLAND LIMITED LIABILITY COMPANY**

(1) Homeside Financial, LLC

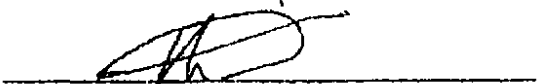
Insert full name of the Limited Liability Company (LLC) exactly as it appears in SDAT's records.

(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