

M/9000002276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

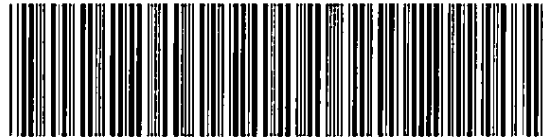
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



400364763374

FILED

2021 APR 23 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2021 APR 23 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FL

LLC
Amend
3/1
N/C

APR 26 2021

D CONNELL

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 4/23/2021

NAME: S HAMMAN HOLDINGS LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

RECEIVED

2021 APR 23 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FL 32310

ATTN: Darlene Connell

Hello Darlene,

You spoke with our client yesterday regarding this filing. Please see below from their email:

I spoke to Darlene Connell with the FL SOS and she advised to submit all 3 documents attached as supporting documents, and to make a note addressing it to her saying I spoke with her regarding this. She said she will review it.

Let me know if you have any questions!

Thank you,

DeAnne Hodge

Florida Filing & Search Services

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S Hamman Holdings LLC
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:

Name of Person

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at ()
Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 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: S Hamman Holdings 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: M19000002276

3. Jurisdiction of its organization: New Jersey

4. Date authorized to do business in Florida: 02/21/2019

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

5. New name of the limited liability company: Equity Home Mortgage LLC
(must contain "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 contain "Limited Liability Company," "L.L.C." 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

2021 APR 23 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Robert Picklo	59 East Mill Road Suite 5 Building 4	<input checked="" type="checkbox"/> Add
		Long Valley, NJ 07853	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> 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.

Shaun Hamman
Signature of the authorized representative

Shaun Hamman

Typed or printed name of signee

Filing Fee: \$25.00



State of New Jersey

DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE
P.O. BOX 450
TRENTON, NJ 08626

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

ANDREW P. SIDAMON-ERISTOFF
Acting State Treasurer

APRIL 21, 2021

Thank you for your recent work request for copy work. Unfortunately, we are unable to complete your request at this time. One or more of the documents requested has been recently filed and is currently in the process of being placed on the Filenet system and cannot be retrieved for copying. Please resubmit at a later date.

If you have any questions regarding this matter, please contact our office at (609) 633-8296 or (609) 292-9959

Thank you,

The Record Unit

EQUITY HOME MORTGAGE

FEES:

JUST FILED **03/16/2021**

Request Type	Corporation and LP	LLC and LLP
Copy Work	\$1 per page	\$10 first page \$2 each additional page
Annual Report Status	\$ 2	\$ 12
Certified Copies	\$25	\$ 25
Short Form Standing	\$25	\$ 50
Long Form Standing	\$25	\$100
Status Report	\$ 5	\$ 5
Expedited	\$15	\$ 25

R. W.

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

**EQUITY HOME MORTGAGE LLC
0450339371**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on January 14, 2019.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

**PARACORP INCORPORATED
208 W STATE STREET
TRENTON, NJ 08608-1002**



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
6th day of April, 2021*

**Elizabeth Maher Muoio
State Treasurer**

Certificate Number : 6117550848

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

L-102 NJSA 42 (2/94)

New Jersey Division of Revenue

Certificate of Amendment
Limited Liability Company

This form may be used to amend a Certificate of Formation of a Limited Liability Company on file with the Department of the Treasury. Applicants must insure strict compliance with NJSA 42, the New Jersey Limited Liability Act, and insure that all applicable filing requirements are met.

1. Name of Limited Liability Company:

S Hamman Holdings LLC

2. Identification Number:

0450339371

3. New LLC Name (if applicable):

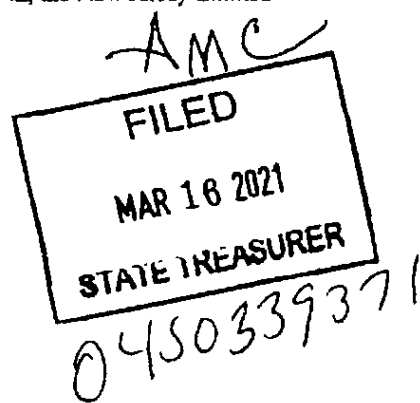
Equity Home Mortgage LLC

4. Effective Date:

March 16, 2021

5. The Certificate of Formation is amended as follows (provide attachments if needed):

The business name is changed as noted above by duly adopted Resolution and is changed to a name that is already a registered DBA for this business. Nothing else is being changed or amended.



The undersigned represent(s) that this filing complies with State law as detailed in NJSA 42 and that they are authorized to sign this form behalf of the Limited Liability Company.

Signature:

Name: Jack Baldini, Esq. Attorney of Record

Date: 3/16/21