

M23000003529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

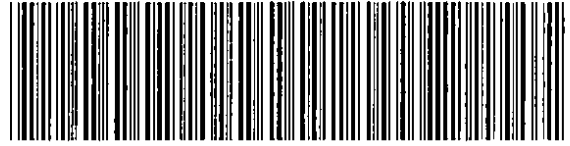
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Special Instructions to Filing Officer:

J DENNIS

AUG 13 2023

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07/14/23--01024--003 \*\*60.00

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SECRETARY OF STATE  
OFFICE OF THE CLERK  
2023 JUL 14 AM 8:51



July 11, 2023

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

To whom it may concern,

I am sending an application to update my LLC registration in the great state of Florida. My LLC has changed addresses and I have added two member partners to the LLC. Please see attached application. If you need any further information please contact me at any time.

Adam Fogelstrom  
Broker Owner | NMLS# 1595654  
Direct: 267-608-4800  
Email: adam@BecomeFAM.com

Funding America Mortgage LLC  
NMLS # 2192268  
18 South State Street  
Newtown, PA 18940  
Web: BecomeFAM.com

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Funding America Mortgage 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:

Adam Fogelstrom

\_\_\_\_\_  
Name of Person

Funding America Mortgage LLC

\_\_\_\_\_  
Firm/Company

18 South State Street, Unit 2

\_\_\_\_\_  
Address

Newtown, PA 18940

\_\_\_\_\_  
City/State and Zip Code

adam@becomefam.com

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

For further information concerning this matter, please call:

Adam Fogelstrom

at ( 267 ) 608-4800

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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: Funding America Mortgage LLC

Enter new principal office address, if applicable: 18 South State Street

*(Principal office address  
MUST BE A STREET ADDRESS)* Unit 2

Newtown, PA 18940

Enter new mailing address, if applicable: 18 South State Street

*(Mailing address  
MAY BE A POST OFFICE BOX)* Unit 2

Newtown, PA 18940

2. The Florida document number of this limited liability company is: M23000003529

3. Jurisdiction of its organization: Pennsylvania

4. Date authorized to do business in Florida: 03/20/2023

FILED  
SECRETARY OF STATE  
OFFICE OF CORPORATE AFFAIRS  
2023 JUL 14 AM 8:51

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

5. New name of the limited liability company: \_\_\_\_\_  
(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

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:

Adding the following members to the LLC

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member 1	Christa A Kusler	121 Pennsylvania Ave	<input checked="" type="checkbox"/> Add
		Yardley, PA 19067	<input type="checkbox"/> Remove
Member 1	Luke B Weil	312 Cecil B Moore Ave	<input checked="" type="checkbox"/> Add
		Philadelphia, PA 19122	<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.

  
Signature of the authorized representative

Adam Fogelstrom

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00



0013510102



**COMMONWEALTH OF PENNSYLVANIA**  
 Department of State  
 Bureau of Corporations and Charitable Organizations  
 PO Box 8722  
 Harrisburg, Pennsylvania 17105-8722  
**CERTIFICATE OF AMENDMENT - DOMESTIC  
 LIMITED PARTNERSHIP / LIMITED LIABILITY  
 COMPANY**  
 Fee: \$70

Pennsylvania Department of State  
**-FILED-**  
 Amendment #: 0013510102  
 Date Filed: 6/29/2023

2023-06-29 10:27:57 AM RECEIVED BY PENNSYLVANIA DEPARTMENT OF STATE

**DSCB:15-8622/8822 (rev. 2/2017)**

In compliance with the requirements of 15 Pa.C.S. § 8622 or 15 Pa.C.S. § 8822 (relating to amendment or restatement of certificate), the undersigned, desiring to amend or restate its Certificate of Limited Partnership/ Certificate of Organization, hereby states that:

File number	0007310725
Current filing name	Funding America Mortgage LLC
Filing type	Domestic Limited Liability Company
Current limited liability company subtype	Limited Liability Company
Initial File Date	06/21/2021

Effective Date  
 The filing shall be effective when filed with the Department of State

Current Registered Office or Commercial Registered Office Provider Address	18 SOUTH STATE STREET UNIT 2 NEWTOWN, PA 18940  BUCKS
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Additional Details  
 The amendment adopted by the association includes these additional changes (1000 characters or less):  
 The LLC is moving from a single person LLC to a 3 member LLC  
 Adam Fogelstrom  
 Christa Kusler  
 Luke Weil

Restated Certificate of Limited Partnership/Certificate of Organization  
 The restated Certificate of Limited Partnership/ Certificate of Organization supersedes the original Certificate of Limited Partnership/Certificate of Organization and all amendments thereto.

Electronic Signature  
 I verify that I have electronically signed and submitted this document on behalf of the association.

IN TESTIMONY WHEREOF, the undersigned limited partnership/limited liability company has caused this Certificate of Amendment to be executed by a duly authorized person.

Full Name	Title	Date
Adam Fogelstrom	Broker Owner	06/29/2023