## P17000048506

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## COVER LETTER

Division of Corporations NAME OF CORPORATION: HOME FAST FUNDING INC. DOCUMENT NUMBER: \_ P170000 48506 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: TOSCPH P MORAN JR

Name of Contact Person

HOME FAST FUNDING INC

Firm/ Company

1517 HOHEMAN DRIVE

Address

VALRICO FL 33596

City/ State and Zip Code MORAN @ HOMEFAST FUNDING, COM.
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person

at (267) 307- 9244

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filling Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

is enclosed)

## Articles of Amendment

	•	to.		
		Articles of Incorporati		
		of		
OME	FAST	FUNDING	įΝ	
(Nai	me of Corpora	tion as currently fil	ed witl	

(Name of Corporation as c	urrently filed with the Florida Dept. of State)
P170000	548506
(Document Nu	imber of Corporation (it known)
Pursuant to the provisions of section 607,1006, Florida Statut its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporat	ion <u>:</u>
	The new
name must be distinguishable and contain the word "cor "Corp" "Inc.," or Co.," or the designation "Corp," "Inc word "chartered," "professional association," or the abbrev	poration," "company," or "incorporated" or the abbreviation ," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>	
	三 三 三
	—————————————————————————————————————
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P I
(Stating address MAT BE A POST OFFICE BOX)	
	<u> </u>
	·
D. If amending the registered agent and/or registered office and/or the new registered office a	
Name of New Registered Agent	
	orida street address)
New Registered Office Address:	. Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Thereby accept the appointment as registered agent. Tamfa	
	, , , , ,
	····

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer director title by the first letter of the office title.

P = President; V = Vice President, T - Treasurer; S + Secretary; D - Director; TR - Trustee; C - Chairman or Clerk; CEO = Chief Executive Officer; CFO - Chief Financial Officer. If an officer director holds more than one title, list the first letter of each office held President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John	ı Doc	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u> y	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VP_	CYNTHIA L MORAN	1517 HUITEMAN DR VALRICO FL 33596
Add			VALRICO FL 33596
Remove			
2) Change			
Add			
Remove			
3 ) Change		<del></del>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary	). (Be specific	hange(s) here:			
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f an amendment provides for an ex	change reclass	ification or ca	ncallation of ice	und charge	
provisions for implementing the ar	nendment if no	t contained in t	he amendment	itself:	
(if not applicable, indicate N/A)					
				-	
				<u>.                                    </u>	
					<del>.</del>
		_			
<u> </u>					

The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date if applicable:  (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	If not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated $\frac{6/23/2017}{}$	
Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
Toseph P MORNW JR (Typed or printed name of person signing)	
PRESIDENT (Title of person signing)	<del></del>
(Title of person signing)	