COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

| Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov | **Amended Certificate of Authority**
(Foreign Business Entity) | **FCA** |

Pursuant to the provisions of KRS Chapter KRS 14A.9 - 040 the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below and, for that purpose, submits the following statements:

1. The business entity is:
   - ☐ profit corporation
   - ☐ professional service corporation
   - ☑ limited liability company
   - ☐ professional limited liability company
   - ☐ limited cooperative association
   - ☐ other
   - ☐ nonprofit corporation.
   - ☐ business trust
   - ☐ limited partnership
   - ☐ statutory trust
   - ☐ non-profit LLC

2. The name of the company is: Signature Financial LLC   .
   (The name must be identical to the name on record with the Secretary of State.)

3. It is an entity organized and existing under the laws of the state or country of New York   .

4. The entity received authority to transact business in Kentucky on 3/8/2012   .

5. The entity has changed its **(check all that apply)**

   ☑ Domicile name to Flagstar Financial & Leasing, LLC _____

   ☐ Name to be used in Kentucky to_____

   ☐ Jurisdiction of organization to_____

   ☐ Period of duration_____

   ☐ Form of organization_____

   ☐ Management type: ☐ Member managed   ☑ Manager managed

6. This application will be effective upon filing.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

| _Walter Rabin (signature)_ | Walter Rabin | Manager | 2/16/24 |
| Signature of Authorized Representative | Printed Name | Title | Date |

(2/23)