

1198 000001610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

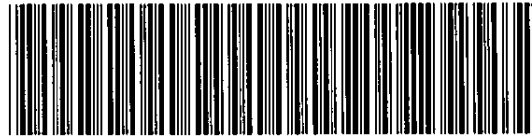
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2014 JUN 16 AM 11:23  
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JUN 17 2014  
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2014 JUN 16 PM 9:04  
SECRETARY OF STATE  
ALLAHABAD, FLORIDA

1198-1610

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

PRIMARY CAPITAL ADVISORS LC

M98000001610

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☐ Nonprofit  
☐ Domestic Corporation

☐ Limited Partnership  
☐ LLC

☐ Certified Copy

☒ Walk In

☐ Mail Out

☒ Amendment  
**Name Change**

☐ Dissolution/Withdrawal

☐ Reinstatement

☐ Annual Report

☐ Name Registration

☐ Fictitious Name

☐ Photocopies

☐ Will Wait

☐ Merger

☐ Mark

☐ Other

☐ UCC

☐ CUS

☐ After 4:30

☒ Pick Up

Name

Availability \_\_\_\_\_

Document

Examiner \_\_\_\_\_

Updater \_\_\_\_\_

Verifier \_\_\_\_\_

W.P. Verifier \_\_\_\_\_

6/16/2014

KM

Order#:

70510656

Ref#:

Amount: \$

2014 JUN 16 PM 5:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*Please File  
First\*

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

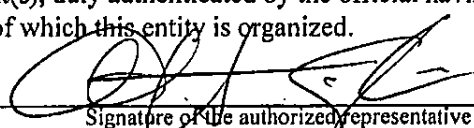
1. Name of limited liability Company as it appears on the records of the Florida Department of State: Primary Capital Advisors, LC
2. Jurisdiction of its organization: Georgia
3. Date authorized to do business in Florida: 12/22/1998

**SECTION II (4-7 complete only the applicable changes)**

4. New name of the limited liability company: Primary Capital 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.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  
\_\_\_\_\_
6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: \_\_\_\_\_  
\_\_\_\_\_
7. Attached is an original 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

Anthony Coniglio, Authorized Person

\_\_\_\_\_  
Typed or printed name of signer

**Filing Fee: \$25.00**

2014 JUN 16 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Secretary of State  
Corporations Division  
313 West Tower  
#2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530**

DOCKET NUMBER : 140501K1  
PRINT DATE : 5/01/2014  
FORM NUMBER : 218

**CERTIFICATE OF FACT**

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that:

Effective June 16, 2014, PRIMARY CAPITAL ADVISORS, LC, a Domestic Limited Liability Company, filed a Certificate of Name Change, changing it's name to PRIMARY CAPITAL MORTGAGE, LLC, a Domestic Limited Liability Company.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence of the existence or nonexistence of the facts stated within.



*B. P. Kemp*

Brian P. Kemp  
Secretary of State