

B/6000000098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

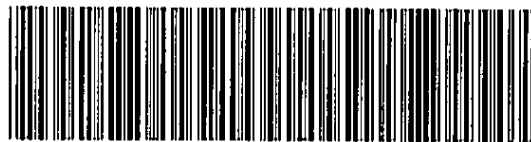
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100327614201

04/03/19--01026--018 **52.50

FILED
MAY 13 2019
TALLAHASSEE, FL 32301

FILED
MAY 13 2019
TALLAHASSEE, FL 32301

FILED

MAY 16 2019

T. LEBREUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RESICAP, LP

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Susanne McMurry

Contact Person

RESICAP, LP

Firm/Company

3630 Peachtree RD NE Ste 1500

Address

Atlanta GA 30326

City, State and Zip Code

smcmurry@resicap.com

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

For further information concerning this matter, please call:

Susanne McMurry

at (4702052224)

Name of Contact Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

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

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2019

SUSANNE MCMURRY
3630 PEACHTREE RD NE STE 1500
ATLANTA, GA 30326

SUBJECT: RESIDENTIAL CAPITAL MANAGEMENT GROUP, LP
Ref. Number: B16000000098

We have received your document for RESIDENTIAL CAPITAL MANAGEMENT GROUP, LP and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 419A00007814

RECEIVED

2019 MAY 13 AM 11:53

CALL 850-245-6050

RESICAP, LLC
3630 Peachtree Rd NE, Suite 1500
Atlanta, GA 30326
404-467-4208

March 7, 2019

Florida Department of State
Division of Corporations
PO BOX 6327
Tallahassee, FL 32314

Ladies and Gentlemen:

The undersigned company authorizes use of the name "RESICAP, LP" in the State of Florida.

Thank you for your assistance.

RESICAP, LLC

By: RESICAP, LP, its sole member and
manager

DocuSigned by:
By: Andy Capps 3/7/2019
Andy Capps
Co-Chief Executive Officer

**AMENDMENT TO CERTIFICATE OF AUTHORITY
FOR
FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

FILED

2019 MAY 18 P 12:25

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:

Residential Capital Management Group, LP

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: B16000000098

2. The jurisdiction of its formation is: Delaware

3. The date the entity was authorized to transact business in Florida is: 5/12/2016

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

RESICAP, LP

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:

Business Address:

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

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☐ Change

6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

☐ The entity elects to be a limited liability limited partnership.

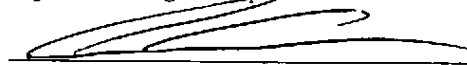
☐ The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, 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.

10. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature of a general partner:



Typed or printed name:

George A Capps

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

State of Delaware
Secretary of State
Division of Corporations
Delivered 10:30 AM 03/18/2019
FILED 10:30 AM 03/18/2019
SR 20192129169 - File Number 5735694

**STATE OF DELAWARE
AMENDMENT TO THE CERTIFICATE OF
LIMITED PARTNERSHIP**

The undersigned, desiring to amend the Certificate of Limited Partnership pursuant to the provisions of Section 17-202 of the Revised Uniform Limited Partnership Act of the State of Delaware, does hereby certify as follows:

FIRST: The name of the Limited Partnership is Residential Capital Management Group, LP

SECOND: Article 1 of the Certificate of Limited Partnership shall be amended as follows:

RESICAP, LP

IN WITNESS WHEREOF, the undersigned executed this Amendment to the Certificate of Limited Partnership on this 12 day of March, A.D. 2019.

RCM GP LLC

By: [Signature]
General Partner(s)

Name: George A Capps
Print or Type