# 1100000046602

(R	lequestor's Name)	
(A	ddress)	
(A	ddress)	
(C	City/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(E	Business Entity Name	9)
(C	Occument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	
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Office Use Only



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S Warren
JUN 2 8 2016

#### **COVER LETTER**

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SUBJECT:		rtgage Processing, LLC		
SOLDEC I.		Name of Lim	ited Liability Company	·
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Marti Pawloski		
			Name of Person	<del></del>
		RAMP Mortgage Processi	ng, LLC	
			Firm/Company	
		204 37th Ave N #288'		
			Address	
		St Petersburg, FL 33704		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		Marti.RAMP@hotmail.com		
For further is	nformation c	E-mail address: ( oncerning this matter, please c	to be used for future annual report notificall:	cation)
Ronald Paw	loski		386 405-3213	
	Name o	f Person		Telephone Number
Enclosed is	a check for th	e following amount:		
■ \$25.00 F	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAMP Mortgage Processing, LLC (Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Company	rears on our records.) y)
The Articles of Organization for this Limited I	Liability Company were filed on	4/30/2010 and assigned
lorida document number L10000046602	·	•
his amendment is submitted to amend the fol	lowing:	
. If amending name, enter the new name	of the limited liability company	here:
ne new name must be distinguishable and contain the	words "Limited Liability Company," tl	
nter new principal offices address, if appli	cable:	
rincipal office address MUST BE A STRE		10 A C
THE HALL OFFICE BUILDESS MUST BE ASIRE.	EL AUDRESSI	
		3: 34 STATE LORID
nter new mailing address, if applicable:	•	Om E
<u>Mailing address MAY BE A POST OFFICE</u>	<u></u>	
	<del></del>	
. If amending the registered agent and egistered agent and/or the new registered of		on our records, enter the name of the
Name of New Registered Agent:	-	
New Registered Office Address:	204 3th Ave N #288	
-	Enter i	Florida street address
	St Petersburg	, Florida <sup>33704</sup>
	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

## If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member Title <u>Name</u> Address Type of Action □ Add □ Remove ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Remove Remove ☐ Change

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an effective dat	e is listed, the date : te inserted in this	must be specific at	nd cannot be prior	r to date of filing or	more than 90 day	s after filing.	Pursuant to will not be	605.020 listed s
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ote: If the da		yed effective	date, but no	ot an effective	time, at 12	:01 a.m. (	on the ea	rlier (
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Filing Fee: \$25.00