# L1000078714

	(Requestor's Name)				
	(Address)				
	(Address)	·			
	(City/State/Zip/Phon	e #f			
	(OttyrotaterZipri Hon	C 11)			
PICK-UI	P WAIT	MAIL			
	(Business Entity Na	me)			
	(Dasiness Emily 11a)				
(Document Number)					
Certified Copies	Certificate	s of Status			

Special Instructions to Filing Officer:

L. SELLERS

AUG -262011

**EXAMINER** 

Office Use Only



000210662950

08/05/11--01013--006 \*\*25.00

MENTACE STATE



### COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	Residential C	Capital Advisors, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	spondence concerning this matte	r to the following:	
		Blaise Punturo	
		Name of Person	
	Reside	ential Capital Advisors, LLC	
		Firm/Company	
		183 New York Avenue	
		Address	
	ŀ	Huntington, NY 11743	
		City/State and Zip Code	
	bpunturo@	residentialcapitaladvisors.cor	n
	E-mail address:	to be used for future annual report notificat	ion)
For further information	concerning this matter, please	call:	
В	Blaise Punturo	at (_516 ) 66	2-1519
Name of Person		Area Code & Daytime Telephone Number	
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 8, 2011

BLAISE PUNTURO 483 NEW YORK AVENUE HUNTINGTON, NY 11743

SUBJECT: RESIDENTIAL CAPITAL ADVISORS, LLC

Ref. Number: L10000078714

We have received your document for RESIDENTIAL CAPITAL ADVISORS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The first page of the amendment form must be completed.

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) 245-6967.

Letter Number: 411A00018619

Leslie Sellers Regulatory Specialist II

www.sunbiz.org

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Residential Capital Advisors, LLC (Name of the Limited Liability Company as it now appears on our records.)
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed onand assigned
Florida document number <u>L10000078714</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviat "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the n registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
. Florida

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 608, 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.

City

Zip Code

If amending the M. or Managing Members on our records, enter the title, name, and address of each Manager or Managing Mem added or removed from our records:							
MGR = Mana MGRM = Man	ger naging Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action				
MGRM	Blaise Punturo	483 New York Avenue Huntington, NY 11743	Add Remove				
MGR	Residential Capital Management Group, LLC	483 New York Avenue Huntington, NY 11743	Add ☐ Remove				
•			Add Remove - ··				
			Add Remove				
			Add Remove				
			Add Remove				
D. If amending	g any other information, enter change(s)	here: (Attach additional sheets, if necessary.)	_				
	-		AUG 24				
Dated	July 31 , 2011	authorized representative of a member					

Page 2 of 2

Filing Fee: \$25.00

Blaise Punturo
Typed or printed name of signee