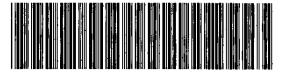
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DIXISION OF COMPORATION

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COVER LETTER

TO: Registration Se Division of Con		•	•
SUBJECT: Residential	Funding Consultants LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	ame of Limited Liability Company (s) are submitted for filing. his matter to the following: Son Name of Person Firm/Company ard Address 33606 City/State and Zip Code complianceresource.com Il address: (to be used for future annual report notification)	
	•		
	Mark O Mathiason	estas diferences estatua	
,	, , , , , , , , , , , , , , , , , , , ,	Name of Person	
		Firm/Company	
	213 South Howard		
		Address	
	Tampa, Florida 33606		
		City/State and Zip Code	
	info@licenseandcomplianc E-mail address: (eresource.com to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Max Lewis		at (828) 333-5172	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 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

and assigned
reviation "L.L.C."
he name St the new
340
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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mark O Mathiason	213 South Howard	□ Add
		Tampa, Florida 33606	Remove
ing (sp. 1947) De de gle sse (sp. 1947)			☐ Change
		213 South Howard	
		Tampa, Florida 33606	☐ Remove
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	is block does not meet the a	applicable statutory filin	(optional) ore than 90 days after filing g requirements, this date	.) Pursuant to 605.0207 (will not be listed as the
Note: If the date inserted in the document's effective date on the document's effective date on the record specifies a dela	is block does not meet the a he Department of State's red ayed effective date, bu	applicable statutory filin cords.	g requirements, this date	will not be listed as the
document's effective date on the	is block does not meet the a he Department of State's red ayed effective date, bu	applicable statutory filin cords.	g requirements, this date	on the earlier of:
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Note: If the date inserted in the document's effective date on the document's effective date on the record specifies a delate. The 90th day after the	is block does not meet the a he Department of State's record age of the date, but record is filed.	applicable statutory filin cords.	g requirements, this date	on the earlier of:

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Filing Fee: \$25.00