

L18000047191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

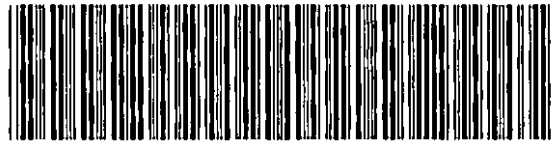
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/14/18--01026--024 **25.00

FILED
18 SEP 14 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
SEP 18 2018

September 11, 2018

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
18 SEP 14 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Mortgage Corporation of America
Document #P96000026871
EIN: 59-3372509

Dear Department of State:

The above referenced company ceased operations in 2017 and a final tax return will be filed for 2017. I have dissolved the company on Sunbiz.com.

I grant permission for Diana L. Ferrell to use the name Mortgage Corporation of America and request that you waive the 120-day waiting period for her to use this company name.

Sincerely,



Mark O. Mathiason
Director

STATE OF FLORIDA

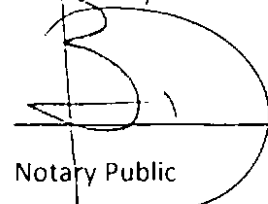
COUNTY OF HILLSBOROUGH

I, the undersigned authority, a Notary Public of the County and State first above written, do hereby certify that Mark O. Mathiason, as Director of Mortgage Corporation of America, on behalf of the Company, personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

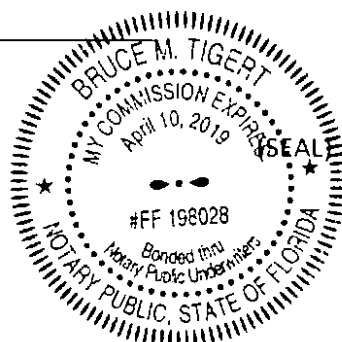
☒ Personally known to me

☐ Produced _____ as identification.

Witness my hand and official seal, this the 11th day of September, 2018.


Notary Public

My Commission Expires:



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Residential Funding Consultants LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Diana L. Ferrell

Name of Person

Residential Funding Consultants LLC

Firm/Company

213 S. Howard Ave

Address

Tampa, FL 33606

City/State and Zip Code

diana@mortgageam.com

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

For further information concerning this matter, please call:

Diana Ferrell

813 391-7799
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

FILED
18 SEP 14 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Residential Funding Consultants LLC

(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 on 3/26/2018 and assigned
Florida document number ~~L05000047191~~ L18000047191

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Mortgage Corporation of America LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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TALLAHASSEE, FLORIDA

September 11, 2018

E. Effective date, if other than the date of filing: _____ (optional)

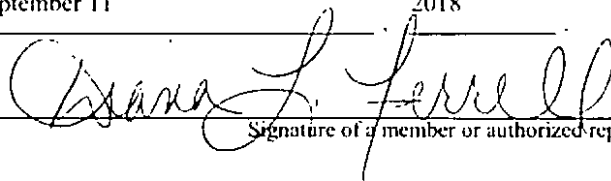
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated September 11

2018



Signature of a member or authorized representative of a member

Diana L. Ferrell

Typed or printed name of signee