

M00000000729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

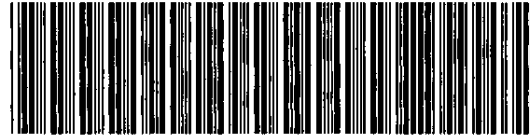
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 NOV - 3 P 5: 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

B. BOSTICK
NOV - 4 2014
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ORCHID ISLAND TRS, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JERRY SINTES
Name of Person

BIMINI CAPITAL MANAGEMENT, INC.
Firm/Company

3305 FLAMINGO DR.
Address

VERO BEACH FL 32903
City/State and Zip Code

jsintes@biminicapital.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JERRY SINTES at (772) 231-1400
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: ORCHID ISLAND TRS, LLC
2. Jurisdiction of its organization: DELAWARE M-729
3. Date authorized to do business in Florida: APRIL 13, 2000

SECTION II (4-7 complete only the applicable changes)

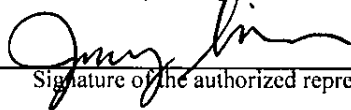
4. New name of the limited liability company: MORTCO TRS, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

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

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

7. Attached is an original certificate, if required: no more than 90 days old, 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.



Signature of the authorized representative

JERRY SINTES

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Filing Fee: \$25.00

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: Orchid Island TRS, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

by striking out Article First thereof and by substituting in lieu of said Article the following new Article:

"FIRST: The name of the limited liability company (herinafter called the "limited liability company") is: MortCo TRS, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 23rd day of February, A.D. 2011.

By: 

Authorized Person(s)

Name: G. Hunter Haas, IV, Manager

Print or Type

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 15, 2014

JERRY SINTES
BIMINI CAPITAL MANAGEMENT, INC.
3305 FLAMINGO DRIVE
VERO BEACH, FL 32963

SUBJECT: ORCHID ISLAND TRS, LLC
Ref. Number: M00000000729

We have received your document for ORCHID ISLAND TRS, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 814A00022139

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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