

6/17/2020

Division of Corporations

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000184344 3)))



H200001843443ABC-

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
E MORTGAGE MANAGEMENT, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

RECEIVED

2020 JUN 17 AM 11:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2020 JUN 17 AM 10:13

Electronic Filing Menu

Corporate Filing Menu

Help

JUN 18 2020

DocuSign Envelope ID: 585BE3D4-E12B-4A4D-B037-687A115D131A

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

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of  
E MORTGAGE MANAGEMENT, LLC  
State: \_\_\_\_\_

Enter new principal office 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

2. The Florida document number of this limited liability company is: \_\_\_\_\_

M05000000492

3. Jurisdiction of its organization: New Jersey

4. Date authorized to do business in Florida: 01/24/2005

## SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: EMM LOANS 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.")

6. If amending the registered agent and/or registered officer 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:

*Thereby 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

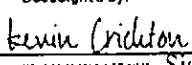
DocuSign Envelope ID: 585BE3D4-E128-4A4D-B037-687A115D131A

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

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

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

9. Attached is a 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.

DocuSigned by:  
  
 Signature of the authorized representative  
 KEVIN A. CRICHTON

\_\_\_\_\_  
 Typed or printed name of signee

Filing Fee: \$25.00

STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
FILING CERTIFICATE (CERTIFIED COPY)

Corporation Name: EMM LOANS LLC  
Business Id: 0400014980  
Certificate Number: 6000121748

I, THE TREASURER OF THE STATE OF NEW JERSEY, DO HEREBY CERTIFY, THAT THE ABOVE NAMED BUSINESS DID FILE AND RECORD IN THIS DEPARTMENT A NAME CHANGE ON June 16, 2020 AND THAT THE ATTACHED IS A TRUE COPY OF THIS DOCUMENT AS THE SAME IS TAKEN FROM AND COMPARED WITH THE ORIGINAL(S) FILED IN THIS OFFICE AND NOW REMAINING ON FILE AND OF RECORD.

IN TESTIMONY WHEREOF, I HAVE HEREUNTO SET MY  
HAND AND AFFIXED MY OFFICIAL SEAL AT  
TRENTON, THIS  
June 17, 2020 A.D.



*Elizabeth Maher Nigro*  
ELIZABETH MAHER NIGRO  
STATE TREASURER

VERIFY THIS CERTIFICATE ONLINE AT  
[https://www.state.nj.us/TNTR\\_StandingCert/ESP/Verify\\_Cert.jsp](https://www.state.nj.us/TNTR_StandingCert/ESP/Verify_Cert.jsp)

***New Jersey Division of Revenue & Enterprise Services  
Certificate Of Amendment  
NJSA 42:2C-19  
New Jersey Limited Liability Company Act***

State of New Jersey  
Department of the Treasury  
Division of Revenue & Enterprise Services  
Business Amendments  
Filed

Validation Number: 1104768937  
06/16/20 09:54:45

Verify this certificate online at  
[https://www1.state.nj.us/TFR/StandingsCert/JSR/Verify\\_Cert.jsp](https://www1.state.nj.us/TFR/StandingsCert/JSR/Verify_Cert.jsp)

This Limited Liability Company filed with the Division of Revenue and Enterprise Services to amend its Certificate of Formation. The filer is responsible for ensuring strict compliance with NJSA 42:2C, the Revised Uniform New Jersey Limited Liability Company Act.

1. Name of Limited Liability Company: E MORTGAGE MANAGEMENT LLC
2. Business ID Number: 0400014980
3. Amendments:

Article 1, Business Name is amended as follows:

Previous Name: E MORTGAGE MANAGEMENT LLC  
Amended Name: EMM LOANS LLC

The undersigned represent(s) that this filing complies with State law as detailed in NJSA 42:2C and that they are authorized to sign this form on behalf of the NJ Limited Liability Company on June 16, 2020.

**Signature**

KEVIN CRICHTON