

MB 700000 1945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900309202939

03/02/18--01015--012 **55.00

RECEIVED
FEBRUARY 28 2018
FILING OFFICE
TALLAHASSEE, FLORIDA

2018 MAR -2 PM 3:11

FILED

MAR 05 2018
J. HARRIS



February 28, 2018

VIA FEDERAL EXPRESS

Florida Secretary of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Marix Servicing LLC (Entity #M07000001945)

Dear Sir or Madam:

Enclosed for filing is an Application by Foreign Limited Liability Company to file Amendment to Certificate of Authority for Marix Servicing LLC along with a check in the amount of \$55 for the filing fee. Please return a filed stamped copy to me at the address below.

If you have any questions or require additional information, please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Wanda J. Lamb-Lindow'.

Wanda J. Lamb-Lindow
Assistant Secretary
(T) 651-293-3415
wanda.lamb-lindow@ditech.com

Enclosure

345 St. Peter St.
1400 Landmark Towers
Saint Paul, MN 55102

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Marix Servicing 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:

Wanda Lamb-Lindow

Name of Person

Marix Servicing LLC

Firm/Company

1400 Landmark Towers, 345 St. Peter Street

Address

Saint Paul, MN 55102

City/State and Zip Code

wanda.lamb-lindow@ditech.com

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

For further information concerning this matter, please call:

Wanda Lamb-Lindow

Name of Person

at (651) 293-3415

Area Code & Daytime Telephone Number

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

CR2E055 (9/15)

**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

State: Marix Servicing LLC

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: M07000001945

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: April 3, 2007

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

5. New name of the limited liability company: _____
(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:

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

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)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	Walter Capital Opportunity, LP	345 St. Peter St., Suite 2050	<input type="checkbox"/> Add
		St. Paul, MN 55102	<input checked="" type="checkbox"/> Remove
Member	Ditech Holding Corporation	1100 Virginia Drive, Suite 100	<input checked="" type="checkbox"/> Add
		Fort Washington, PA 19034	<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.

Wanda J. Lamb-Lindow 2/28/18
Signature of the authorized representative

Wanda J. Lamb-Lindow, Assistant Secretary

Typed or printed name of signer

Filing Fee: \$25.00

FILED
2018 MAR -2 PM 3:11
NOTARIAL PUBLIC
STATE OF MINNESOTA