Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

Prom:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone Pax Number : (850)222-1092 : (850)878-5368

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

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ARCHETYPE MORTGAGE CAPITAL LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Corporate Filing Menu

#### **COVER LETTER**

For further information concerning this matter, p Madelya Ocasio  Name of Person	at (305	695-570	os ne Telephone Number		
mocasic@improperty.com  E-mail address: (to be used for future annual)	report notificat	on)			
City/State and Zip Code				78-	
Miami Beach, FL 33139				T PER	
Address					
1601 Washington Avenue, Suite 800					1
Firm/Company	<del></del>				
Archetype Mortgage Capital LLC		-		<b>&gt;</b>	
Name of Person	<del>*</del>	•			
Madelyn Ocasio					
Please return all correspondence concerning this		•			
The enclosed application, certificate and fee(s)	are submitted fo	or filing.			
Dear Sir or Madam:	i Diitated Diab	y 001	upaiy		
SUBJECT: Archetype Montgage Capital LLC Name of Foreig	n Limited Ligh	ility Cor	ากลกบ		
Division of Corporations					
TO: Registration Section					

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION 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: Archetype Mortgage Capital LLC
2.	Jurisdiction of its organization: Delawate
3.	Date authorized to do business in Florida: 06/30/2011
	SECTION II (4-7 complete only the applicable changes)
4,	If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 06/19/2013
5	New name of the limited liability company: Starwood Mortgage Capital LLC
٠,	(must end with "Limited Liability Company, " "LLC." or "LLC.")
FI the or	Fname unavailable, enter alternate name adopted for the purpose of transacting business in orida and attach a copy of the written consent of the managers or managing members adopting alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." "LLC.")
6,	If the amendment changes the period of duration, indicate new period of duration:
7.	If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
8.	If the amendment corrects any false statement, indicate the statement being corrected and the correction:
9.	Attached is an original certificate, 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 a member of the authorized representative of a member
	Carlos R. Pineiro, Authorized Representative of the Member Typed or printed name of signee
	Filing Fee: \$25.00

1000 OLAS SOLEMBRICA MARINA

# Delaware

PAGE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ARCHETYPE MORTGAGE CAPITAL LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "STARWOOD MORTGAGE CAPITAL LLC", THE NINETEENTH DAY OF JUNE, A.D. 2013, AT 12 O'CLOCK P.M.

2013 JUL -1 AM 8: 00 SERVICE FROM STATE

4966905 8320

130833902

You may verify this certificate online at corp. deleware.gov/authver.shtml

AUTHENTICATION: 0553593

DATE: 07-01-13