

MI400000712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

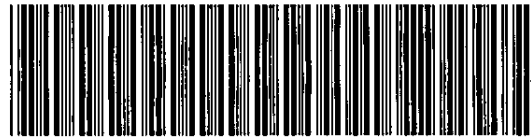
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/21/14--01019--016 \*\*25.00

FILED  
2014 FEB 21 AM 11:55  
SOCIETY OF STATE  
TALLAHASSEE, FLORIDA

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 02-21-2004 BY 60322

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Black Knight Origination Technology, 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:

April Johnson  
Name of Person

Black Knight Origination Technology, LLC  
Firm/Company

601 Riverside Avenue  
Address

Jacksonville, FL 32204  
City/State and Zip Code

april.johnson@bkfs.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

April Johnson at (904-) 854-5256  
Name of Person 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 (12/13)

**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: Black Knight Origination Technology, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 01/30/2014

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

4. New name of the limited liability company: Black Knight Origination Technologies, 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

Michael L. Gravelle

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

**Filing Fee: \$25.00**

FILED  
2014 FEB 21 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

PAGE 1

*The First State*

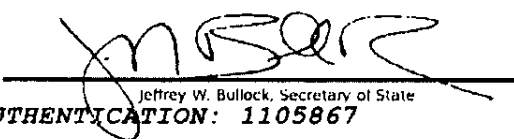
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "BLACK KNIGHT ORIGINATION TECHNOLOGY, LLC", CHANGING ITS NAME FROM "BLACK KNIGHT ORIGINATION TECHNOLOGY, LLC" TO "BLACK KNIGHT ORIGINATION TECHNOLOGIES, LLC", FILED IN THIS OFFICE ON THE THIRD DAY OF FEBRUARY, A.D. 2014, AT 1:42 O'CLOCK P.M.

5164291 8100

140124559

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1105867

DATE: 02-03-14

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 01:53 PM 02/03/2014  
FILED 01:42 PM 02/03/2014  
SRV 140124559 - 5164291 FILE

**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: \_\_\_\_\_  
Black Knight Origination Technology, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

Delete Paragraph 1 and replace it as follows:

1. The name of the limited liability company is Black Knight Origination Technologies, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on  
the 30 day of January, A.D. 2014

By: \_\_\_\_\_

Authorized Person(s)

Name: Michael L. Gravelle

Print or Type