Division of Corporations



ote: 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.

(((H170002738963)))



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ოი:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA00000023
Phone: (512)418-E949
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 LINEAR SETTLEMENT SERVICES, LLC

	Certificate of Status	0
	Certified Copy	0
<u>.</u> .	Page Count	06
-	Estimated Charge	\$25.00
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OCT 1 a 2017

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Linear Settlement Service Nam	s, LLC e of Foreign L	imited Lia	bility Comp	
Dear Sir or Madam:				•
Dear Sit of (viacian).				
The enclosed application, certificate	and fee(s) are	submitted	for filing.	
Please return all correspondence con	cerning this m	natter to the	following:	
Kristin Hockwater				
Name of Per	son			
Solidifi Title & Closing, LLC				
Firm/Compa	iny			
			17A	
127 John Clarke Road, Address				
01.00047				
Middletown, RI 02842 City/State as	nd Zip Code			
	•		•	
titlecompliance@solidifi.com				
E-mail address: (to be used for fu	iture annual re	port notific	cation)	
For further information concerning	this matter, pl	case call:		
Lucy Roberts	а	it (<u>404</u>	y 965.381	7
Name of Person		Area Co	de & Daylir	ne Telephone Number
STREET/COURIER ADI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, Florida 32301			Regist Divisi P.O. E	ING ADDRESS: ration Section on of Corporations Box 6327 lassee, Florida 32314
Enclosed is a check for the follow \$25 Filing Fee \$30 Filin Certifica			ing Fee & ed 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 1 (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of	
State: Linear Settlement Services, LLC	
2. The Florida document number of this limited liability company is:	
· · · · · · · · · · · · · · · · · · ·	6
3. Jurisdiction of its organization: Rhode Island 4. Date authorized to do business in Florida: 03/01/2016	3
4. Date authorized to do business in Florida: 03/01/2016	<u>_</u>
SECTION II (5-9 complete only the applicable changes)	70
5. New name of the limited liability company: Solidifi Title & Closing, 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 "Lf.C.")	٠
6. If amending the registered agent and/or registered office 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:	
THING OF THE MANAGE A PRAISE	
New Registered Office Address: Enter Florida Street Address	
Litter Provide Sirect 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 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:	

	Name	Address	Type of Action
			D Add
			□ Remove
			□ Add
			Remover) ⊙ ⊙ ⊙
			Add P
			D Add
			☐ Remove
			D Add
			☐ Remove
aforementioned	ertificate, if required: no more the amendment(s), duly authenticates the law of which this entity is the law of which this entity is the law of the law o	ted by the official having cus s organized. 	ne tody of records in the

Filing Fee: \$25.00



State of Rhode Island and Providence Plantations

Department of State | Office of the Secretary of State

Nellie M. Gorbea, Secretary of State

LONG FORM CERTIFICATE OF GOOD STANDING

I, Nellie M. Gorbea, Secretary of State and custodian of the seal and corporate records of the State of Rhode Island and Providence Plantations, hereby certify that:

SOLIDIFI TITLE & CLOSING, LLC

is a Rhode Island Limited Liability Company organized on February 10, 2016.

I further certify as of the date of this certificate the attached summary is an accurate description of all known filings made in this office by the above-named entity.

I further certify that revocation proceedings are not pending; articles of dissolution have not been filed; all annual reports are of record and the company is active and in good standing with this office. This certificate is not to be considered as a notice of the company's tax status, financial condition or business practices; such information is not available from this office.

SIGNED and SEALED on

Tullin U. Kolen

October 12, 2017

Secretary of State



Certificate Number: 17100048450

Verify this Certificate at: http://business.sos.ri.gov/CorpWeb/Certificates/Verify.aspx

Processed by: dantonelli

IT IS FURHTER CERTIFIED that articles of amendment were filed in this office on the 18th day of September 2017 changing the name from LINEAR SETTLEMENT SERVICES, LLC to SOLIDIFI TITLE & CLOSING, LLC.