

MI6000006921

(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



800288872248

08/22/16--01015--001 **35.00

FILED
2016 AUG 29 P 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren
AUG 30 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fidelity Direct Mortgage, 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:

Lugman Ahmad

Name of Person

Fidelity Direct Mortgage, LLC

Firm/Company

555 Quince Orchard Road, Suite 411

Address

Gaithersburg, MD 20878

City/State and Zip Code

compliance@fdmhome.com

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

For further information concerning this matter, please call:

Lugman Ahmad at (301) 869-6000 ext. 102
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

**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: Fidelity Direct Mortgage LLC

Enter new principal office address, if applicable:

NA

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NA

(Mailing address
MAY BE A POST OFFICE BOX)

2015 JUN 29 P 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2. The Florida document number of this limited liability company is: F16000001666

3. Jurisdiction of its organization: Maryland

4. Date authorized to do business in Florida: once all licenses are in place

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

5. New name of the limited liability company: Fidelity Direct Mortgage, 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: NA

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:

NA

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

NA

<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 jurisdiction under the law of which this entity is organized.

M Datta
Signature of the authorized representative

Maria D'Souza-Datta

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2011-06-29 P 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Maryland
Department of
Assessments and Taxation

Charter Division



Larry Hogan
Governor

Sean P. Powell
Director

Date: 08/12/2016

MARIA D'SOUZA-DATTA
555 QUINCE ORCHARD R.
SUITE 411
GAITHERSBURG MD 20878

THIS LETTER IS TO CONFIRM ACCEPTANCE OF THE FOLLOWING FILING:

ENTITY NAME : FIDELITY DIRECT MORTGAGE, LLC
DEPARTMENT ID : W10347284
TYPE OF REQUEST : ARTICLES OF AMENDMENT / NAME CHANGE
DATE FILED : 08-12-2016
TIME FILED : 03:00 PM
RECORDING FEE : \$100.00
EXPEDITED FEE : \$70.00
COPY FEE : \$22.00
FILING NUMBER : 1000362009666241
CUSTOMER ID : 0003452518
WORK ORDER NUMBER : 0004669095

PLEASE VERIFY THE INFORMATION CONTAINED IN THIS LETTER. NOTIFY THIS DEPARTMENT IN WRITING IF ANY INFORMATION IS INCORRECT. INCLUDE THE CUSTOMER ID AND THE WORK ORDER NUMBER ON ANY INQUIRIES.

Charter Division
Baltimore Metro Area (410) 767-1350
Outside Metro Area (888) 246-5941

ARTICLES OF AMENDMENT
for a Limited Liability Company

(1) Fidelity Direct Mortgage LLC
Insert full name of the Limited Liability Company (LLC).

(2) The Charter of the Limited Liability Company is hereby amended as follows:

Fidelity Direct Mortgage, LLC

(3) Wash

I hereby consent to serve as Resident Agent
for the above named Limited Liability Company.

Signature of Authorized Person(s)

Signature required only for new resident agents

Revised 8/03

INSTRUCTIONS: Limited Liability Company Articles of Amendment must be approved by the unanimous Consent of the members, signed by an authorized person, and filed with the Department of Assessments and Taxation at 301 W. Preston Street, 8th Floor, and Baltimore, Maryland 21201. The Articles do not have to recite the approval of the members.

The above form may be used or a document may be created based on the above format. The filing fee for this document is \$100, however other fees may apply for related services from the Corporate Charter Division.

STATE OF MARYLAND
I hereby certify that this is a true and complete copy of the
page document on file in this office. DATED: 8/12/2010
STATE DEPARTMENT OF ASSESSMENTS AND TAXATION
BY: Kimberly V. Ginos Custodian
This stamp replaces our previous certification system. Effective 4/01

CORPORATE CHARTER APPROVAL SHEET

**** EXPEDITED SERVICE ****

**** KEEP WITH DOCUMENT ****

DOCUMENT CODE 411 BUSINESS CODE _____

W10347584

Close _____ Stock _____ Nonstock _____

P.A. _____ Religious _____

Merging (Transferor) _____

Surviving (Transferee) _____

FEES REMITTED

Base Fee: _____
Org. & Cap. Fee: _____
Expedite Fee: _____
Penalty: _____
State Recordation Tax: _____
State Transfer Tax: _____
Certified Copies _____
Copy Fee: _____
Certificates _____
Certificate of Status Fee: _____
Personal Property Filings: _____
Mail Processing Fee: _____
Other: _____

TOTAL FEES: _____

Credit Card _____ Check X Cash _____

_____ Documents on _____ Checks

Approved By: S

Keyed By: _____

COMMENT(S):

Affix Barcode Label Here

Affix Barcode Label Here

New Name _____

_____ Change of Name
_____ Change of Principal Office
_____ Change of Resident Agent
_____ Change of Resident Agent Address
_____ Resignation of Resident Agent
_____ Designation of Resident Agent
_____ and Resident Agent's Address
_____ Change of Business Code

_____ Adoption of Assumed Name

_____ Other Change(s)

Code _____

Attention: _____

Mail: Names and Address

Maria D'Souza-Datta

555 Quince Orchard R.

Suite 411

Gaithersburg, MD 20878

Stamp Work Order and Customer Number HERE