

M170000000258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

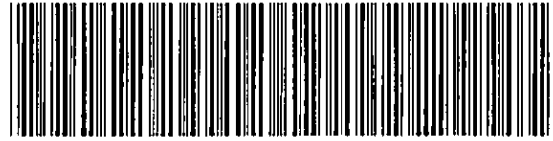
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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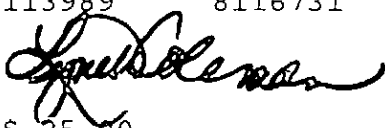
2020 JAN -2 PM 5:42

FILED

Y SULKER

JAN 03 2020

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 113989 8116731
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : December 24, 2019
ORDER TIME : 1:52 PM
ORDER NO. : 113989-035
CUSTOMER NO: 8116731

FOREIGN FILINGS

NAME: PROMONTORY FULFILLMENT
SERVICES LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62969

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Promontory Fulfillment Services 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:

Cindy Corsaro

Name of Person

Firm/Company

4 Old Ridgebury Rd, Ste 301

Address

Danbury, CT 06810-5107

City/State and Zip Code

ccorsaro@mortgagefulfillment.com

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

For further information concerning this matter, please call:

Cindy Corsaro

Name of Person

at (203) 456 9339

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: Promontory Fulfillment Services 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: M17000000258

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 01/10/2017

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

5. New name of the limited liability company: Promontory MortgagePath 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: _____

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.

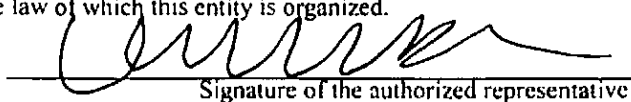
If Changing Registered Agent, Signature of New Registered Agent

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


Signature of the authorized representative

Kenneth R. Janik

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

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 "PROMONTORY FULFILLMENT SERVICES LLC", CHANGING ITS NAME FROM "PROMONTORY FULFILLMENT SERVICES LLC" TO "PROMONTORY MORTGAGEPATH LLC", FILED IN THIS OFFICE ON THE THIRTY-FIRST DAY OF JULY, A.D. 2019, AT 2:57 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2019 AT 11:58 O'CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

5892782 8100
SR# 20198890718

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

Authentication: 204308984
Date: 12-27-19

State of Delaware
Secretary of State
Division of Corporations
Delivered 02:57 PM 07/31/2019
FILED 02:57 PM 07/31/2019

SR 20196259971 - File Number 5892782

**CERTIFICATE OF AMENDMENT
TO CERTIFICATE OF FORMATION OF
PROMONTORY FULFILLMENT SERVICES LLC**

THIS IS TO CERTIFY THAT:

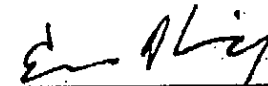
1. The name of the limited liability company is Promontory Fulfillment Services LLC (the "Company").

2. The Certificate of Formation of the Company is hereby amended as of the effective time set forth below to change the Company's name by deleting Paragraph FIRST of the Company's Certificate of Formation in its entirety and inserting the following in lieu thereof:

FIRST: The name of the limited liability company is Promontory MortgagePath LLC, a Delaware limited liability company (the "Company").

3. The foregoing amendment was approved by the vote of the required membership of the Company and shall become effective as of 11:59 pm on December 31, 2019.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment on behalf of the Company as an authorized person this 31st day of July, 2019.



Eugene A. Ludwig
Authorized Person