Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (350) 617-6383

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (512)418-6949 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 PRINCIPAL MORTGAGE, LLC

Certificate of Status	0
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Corporate Filing Menu

Help

S. WARREN OCT 0 5 2017

TO:

COVER LETTER

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SUBJE	ECT:	PRINCIPA	AL MORTGAGE, LLC			
			Name of Foreign I	Limited Liabil	lity Compa	iny
Dear S	ir or N	fadam;				
The en	closed	application	on, certificate and fec(s) are	submitted fo	or filing.	
Please	retum	all corres	pondence concerning this r	natter to the f	following:	
Craig T	indall					
		· · ·	Name of Person			
PRINC	TPAL S	MORTGAC	ie, llc			
			Firm/Company			
600 VE	ESTAV	la Parkv	VAY-SUITE 203			
			Address			
BIRMI	NGHA	.M, AL 352	116			
			City/State and Zip Code			
craig@	metho	imortgage (com			
E-m	ail add	iress: (to	be used for future annual re	port notificat	ion)	
For fu	rther is	nformatio	n concerning this matter, pl	ease call:		
Kimbe	rly Stei	nnietz	^	888 t (201-6278	
		Name	of Person	Area Code	& Daytime	e Telephone Number
	Regis Divis Clift 2661	stration S sion of Ce on Buildi Executiv	rporations		Registra Division P.O. Bo	NG ADDRESS: nation Section in of Corporations ox 6327 ssee, Florida 32314
Enclos	5 Filin	g Fcc	or the following amount: S30 Filing Fee & Certificate of Status	S55 Filir Certified		S60 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: PRINCIPAL MORTGAGE, LLC
Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Emer new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
2. The Florida document number of this limited liability company is: M17000003563
3. Jurisdiction of its organization: 4. Date amhorized to do business in Florida: 04/26/2017
SECTION II (5-9 complete only the applicable changes) 5. New name of the limited liability company: (must contain "Limited Liability Company," "L.L.C.," or "L.L.C.")
(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 neg registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida Street Address City Zip Code Office Address City Ci
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

. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
itle/ Capacity	Name	Address	Type of Action	
			bbA□	
			Remov	
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aforementioned an	icate, if required: no more than 90 days tendment(s), duly authenticated by the of the law of which this entity is organized. Signature of the authority of printed not be a printed in the second or printed in the second	fficial having custody of reco	ords in the STEAL ANASSEE, T	

John H. Merrill Secretary of State P. O. Box 5616 Montgomery, Al. 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

as appears on file and of record in this office, the pages hereto attached, contain a true, accurate, and literal copy of the Articles of Amendment filed on behalf of Method Mortgage, LLC, as received and filed in the Office of the Secretary of State on 09/01/2017.



20170929000024302

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

09/29/2017

Date

X 24 Menill

John H. Merrill

Secretary of State

STATE OF ALABAMA

DOMESTIC LIMITED LIABILITY COMPANY AMENDMENT TO FORMATION/ORGANIZATION

PURPOSE: In order to amend a Limited Liability Company's (LLC) Certificate of Formation/Articles of Organization under Section 10A-1-3.13 and 10A-5-2.03 of the Code of Alabama 1975 this Amendment and the appropriate filing fees must be filed with the Office of the Judge of Probate in the county where the LLC was initially formed/incorporated.

INSTRUCTIONS: Mail one (1) signed original and two (2) copies of this completed form and the appropriate filing fee to the Office of the Judge of Probate in the county where the LLC's Certificate of Formation was recorded. Contact the Judge of Probate's Office to determine the county filing fees. Make a separate check or money

County Division Code: AL040 Inst. # 2017089703 Pages: 1 of 3 : certify this instrument filed on 8/29/2017 2:15 PM Doc: PAMEND Alan L.King, Judge of Probate Jefferson County, AL Rec: \$38.00

Clerk: PEEPLESC

08/001

(For County Probate Office Use Only)

order payable to the Secretary of State for the state filing fee of \$50.00 for standard processing or \$150.00 if expedited processing within approximately 24 hours of receipt by the Office of the Secretary of State is requested (10A-1-4.31) and the Judge of Probate's Office will transmit the fee along with a certified copy of the Amendment to the Office of the Secretary of State within 10 days after the filing is recorded. Once the Secretary of State's Office has indexed the filing, the information will appear at www.sos.alohama.eov under the Government Records tab and the Business Entity Records link – you may search by entity name or number. You may pay the Secretary of State fees by credit card if the county you are filing in will accept that method of payment (see attached). Your Amendment will not be indexed if the credit card does not authorize and will be removed from the index if the check is dishonored.

This	form must be typed or laser p	riuted.
1. The name of the Limited Liability C	Company from the Certificate of Format	ion/Articles of Organization:
Principal Mongage, LLC		
2. The date the Certificate of Formation	on was filed in the county: 11 / 29	/ 2006 (format MM/DD/YYYY)
NUMBER TO COMPLETE FORM at www.sos.nlabama.gov under the Go registered name of the entity in the app is the entity ID number. If you click or	vernment Records tab. Click on Business E ropriate box, and enter. The six (6) digit nun that number, you can check the details pag	INSTRUCTION TO OBTAIN ID ly available, you may obtain it on our website intity Records, click on Entity Name, enter the imber containing a dash to the left of the name ge to make certain that you have the correct
entity - this verification step is strongl	y recommended.	(For SOS Use Only)
This form was prepared by: (type na Michael J. Douglas Leak, Douglas & Morano PC 17 20th Street North	ime and full address)	Alabara
Suite 200		Sec. Of State
Birmingham, AL 35203	AECEVEDDATE	Entity Change 487-043 DLL
	SEP V 1 2017	Date 9/01/2017 Time 10:31 170901 4 Pg
DLLC Amendment - 6/2016	SECRETARYOFSTATE OF ALARAMA page 1 of 2	File 950.00 Ackn 9.00 Exp 9.00
		Total 050 00

DOMESTIC	LIMITER	TIABILITY	COMPANY	AMENDMENT
IMIMESIII	1.17411 1 1.13	LIABIGITY	U.A.JIMITE ALINE	AMERICALIST

	The titles, dates, and places of filing of any previous Amendments:
	Attach a listing if necessary.
	[Instruction on Amendment completion: Be very specific about what must be changed if you are amending existing information. If the amendment includes a name change, a copy of the Name Reservation form issued by the Office of Secretary of State must be attached.
	Registered agents and registered agent addresses are changed by filing a Change Of Registered Agent Or Registered Office By Entity form directly with the Office of the Secretary of State (the new agent's signature is required agreeing to accept responsibility). You may file the information as a Amendment also, but the change form must be on file with the Secretary of State per 10A-1-3.12(a)(2) to effect the change in the public records database.]
5.	The following amendment was adopted on 08 /28 /2017 (format MM/DD/YYYY):
	The Members unanimously agreed to change the limited liability company name from Principal Mortgage, LLC to
	Method Mortgage, LLC.
	Additional Amendments and the dates on which they were adopted are attached.
١.	The undersigned authorized signature certifies that the amendment or amendments have been approved in the manner required by Title 10A of the Code of Alabama of 1975 and the governing documents of this entity.
0 Da	3 / 28 / 2017 Ite (MM/DD/YYYY) Signature as required by 10A-5-2.04
	Michael J. Douglas Typed Name of Above Signature
	Attorney-in-fact Typed Title/Capacity to Sign under 10A-5-2.04
	A Shame a street of the street