M22000008164

(Re	equestor's Name)	
(Ad	dress)	
	ldress)	
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)	
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ertified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	-
	Office Use Only	



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RECEIVED
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A RAMSEY JUN - 1 2022

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE AUTHORIZATION COST LIMIT ORDER DATE : 5/31/2022 ORDER TIME: 9:08 AM ORDER NO. : 569236-265 CUSTOMER NO: 8268993 FOREIGN FILINGS NAME: ORCHARD MORTGAGE, LLC CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY XXXX AMENDMENT PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER:

CORPORATION SERVICE COMPANY

_ CERTIFIED COPY _ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

CERTIFICATE OF GOOD STANDING

COVER LETTER

-	stration Section sion of Corporations				
SUBJECT:	Orchard Mortgage, Li	-C			
oobober.	Na	me of Foreig	n Limited Liabi	ility Con	npany
Dear Sir or N	Лаdam:				
The enclosed	l application, certifica	te and fee(s)	are submitted f	or filing	
Please return	all correspondence c	oncerning th	is matter to the	followin	g:
	Name of P	erson		•	
CSC					
	Firm/Com	pany		-	
	Addres	SS		-	
	City/State	and Zip Cod	e		
E-mail add	dress: (to be used for	future annua	l report notifica	tion)	
For further in	nformation concerning	g this matter,	, please call:		
			_at ()	
	Name of Person		Area Code	& Dayti	me Telephone Number
Regi Divi P.O.	ng Address: stration Section sion of Corporations Box 6327 hassec, FL 32314			Division The Cer 2415 N.	Idress: Ation Section In of Corporations Intro of Tallahassee I Monroe Street, Suite 810 Issee, FL 32303
Encl]\$25 Filing	Certificat	_	amount: \$55 Filing Certified C		☐ \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT DISTRIBUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

2022 MAY 31 AM 8: 49

State: Orchard Mortgage, LLC	rs on the records of the Florida Department of
Enter new principal office address, if applicable:	1400 Lavaca Street Suite 09-106, Austin, TX 78701
<u>Principal office address</u> MUST BE A STREET ADDRESS)	
inter new mailing address, if applicable: <u>Mailing address</u> <u>IAY BE A POST OFFICE BOX</u>)	1400 Lavaca Street Suite 09-106, Austin, TX 78701
!. The Florida document number of this limited lia	ability company is: M22000008164
. Jurisdiction of its organization: California	
Date authorized to do business in Florida: 05	5/23/2022
SECTION II (5-9 complete only the applicable	changes)
. New name of the limited liability company: (must	st contain "Limited Liability Company, " "L.L.C.," or "LLC."
If name unavailable, enter alternate name adopted opy of the written consent of the managers or manust contain "Limited Liability Company," "L.L.	d for the purpose of transacting business in Florida and attach anaging members adopting the alternate name. The alternate na.C." or "LLC.")
o. If amending the registered agent and/or register egistered agent and/or the new registered office a	red officer address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
	, Florida
he provisions of all statutes relative to the proper and accept the obligations of my position as regist	ent and agree to act in this capacity. I further agree to comply r and complete performance of my duties, and I am familiar w ttered agent as provided for in Chapter 605, F.S. Or, if this e in the registered office address, I hereby confirm that the lim
	Changing Registered Agent, Signature of New Registered Age

DocuSign Envelope ID: C85DA7EE-D74A-494D-B7CB-AE915FCFED89 7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: Delaware 8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: Type of Action Address Title/ Capacity Name □Add □Remove \square Add ☐Remove □Remove \Box Add □Remove 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

Thomas Leineweber

Typed or printed name of signee

Filing Fee: \$25.00



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 CONVERSION OF A CALIFORNIA LIMITED

LIABILITY COMPANY UNDER THE NAME OF "ORCHARD MORTGAGE, LLC" TO A

DELAWARE LIMITED LIABILITY COMPANY, FILED IN THIS OFFICE ON THE

TWENTY-SEVENTH DAY OF MAY, A.D. 2022, AT 8:37 O'CLOCK A.M.



Authentication: 203545486

Date: 05-27-22

State of Delaware
Secretary of State
Division of Corporations
Delivered 08:37 AM 05/27/2022
FILED 08:37 AM 05/27/2022
SR 20222400253 - File Number 6814482

CERTIFICATE OF CONVERSION

OF

ORCHARD MORTGAGE, LLC

Dated as of May 27, 2022

Pursuant to Section 18-214 of the Delaware Limited Liability Company Act (6 Del. C. § 18-101 et seq.), Orchard Mortgage, LLC, a California limited liability company (the "Non-Delaware Limited Liability Company"), hereby certifies that:

- 1. The jurisdiction where the Non-Delaware Limited Liability Company first formed is California.
- 2. The jurisdiction of the Non-Delaware Limited Liability Company immediately prior to filing this Certificate of Conversion (this "Certificate") is California.
- 3. The Non-Delaware Limited Liability Company was first incorporated as a California corporation on May 18, 2017 and converted to a California Limited Liability Company on May 20, 2022.
- 4. The name of the Non-Delaware Limited Liability Company immediately prior to filing this Certificate is Orchard Mortgage, LLC.
- 5. The name of the Limited Liability Company as set forth in the Certificate of Formation of the Company is Orchard Mortgage, LLC.

[Signature Page Follows]

IN WITNESS WHEREOF, the undersigned has executed this Certificate as of the date first written above.

By: ______ Name: Ashi

ıme: Ashwin Dayal

Title: Authorized Person