

L19000282438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

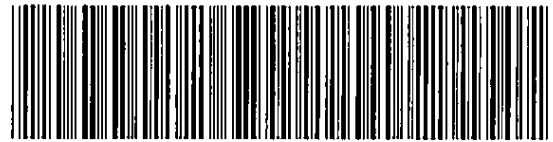
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02/13/24 1:00

Re: FL. Dept of Corp DOC # L19000282438

Bluekap Assets <BluekapAssetsRecovery@outlook.com>

Thu 3/7/2024 9:52 AM

To: Mills, Wanite L. <Wanite.Mills@dos.myflorida.com>

EMAIL RECEIVED FROM EXTERNAL SOURCE

Bluekap Assets, LLC

From: Mills, Wanite L. <Wanite.Mills@dos.myflorida.com>

Sent: Thursday, March 7, 2024 9:21 AM

To: bluekapassetsrecovery@outlook.com <bluekapassetsrecovery@outlook.com>

Subject: FL. Dept of Corp DOC # L19000282438

Hi,

The name designated in your document is unavailable since it is the same as P23000078941 , or it is not distinguishable from the name of the existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

Wanite Mills

850-245-6954

Wanite.Mills@dos.myflorida.com

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Green Tree Servicing LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sylvester Cuffy

Name of Person

Bluekap Assets Recovery

Firm Company

7901 4th Street N Suite 300

Address

St. Petersburg, FL 33702

City, State and Zip Code

Bluekap Assets Recovery, Inc.

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

For further information concerning this matter, please call:

Jenna Broglia

786

515-5788

Name of Person

at (_____) _____

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Green Tree Servicing, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/13/2019 and assigned
Florida document number L19000282-438.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Bluekap Assets Recovery, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

500 Office Center Drive Suite 400

Fort. Washington, PA 19034

United States

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 979282

Miami, Florida 33197

United States

B. 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:

CT Corporations Systems

New Registered Office Address:

1200 Pine Island Road Suite 200

Enter Florida street address

Plantation

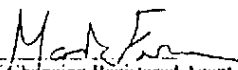
Florida 33324

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	Jeanetta Brown	P.O. Box 979120	<input type="checkbox"/> Add
		Miami, Florida 33197	<input type="checkbox"/> Remove
		United States	<input checked="" type="checkbox"/> Change
AMBR	Bluekap Assets Recovery, Inc	7901 4th Street N Suite 300	<input type="checkbox"/> Add
		St. Petersburg, FL 33702	<input type="checkbox"/> Remove
		United States	<input checked="" type="checkbox"/> Change
Director	Kimberly Perez	P.O. Box 979120	<input type="checkbox"/> Add
		Miami, FL 33197	<input type="checkbox"/> Remove
		United States	<input checked="" type="checkbox"/> Change
President	Kathryn Schultea	P.O. Box 979120	<input type="checkbox"/> Add
		Miami, FL 33197	<input type="checkbox"/> Remove
		United States	<input checked="" type="checkbox"/> Change
Treasur	Wanda Lamb	P.O. Box 979120	<input type="checkbox"/> Add
		Miami, FL 33197	<input type="checkbox"/> Remove
		United States	<input checked="" type="checkbox"/> Change
Secretar	Michael Squillante	P.O. Box 979120	<input type="checkbox"/> Add
		Miami, FL 33197	<input type="checkbox"/> Remove

[illegible]

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (2)(b)

Dated 02-13-24

Signature of a member or authorized representative of a member

Typed or printed name of signee