

MI5000008363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

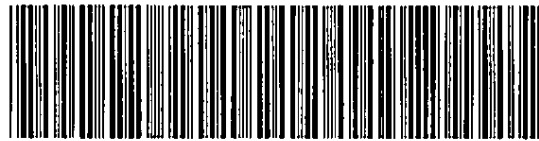
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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12/10/21

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10/12/21--01037--001 \*\*25.00

FILED  
2021 DEC 10 PM 5:53  
SECRETARY OF STATE  
MICHIGAN



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2021 OCT 18 PM 6:22

October 18, 2021

PERRY G. GRUMAN  
3400 W. KENNEDY BLVD  
TAMPA, FL 33609

SUBJECT: FHA ATTORNEY SERVICES LLC  
Ref. Number: M15000008363

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas  
Regulatory Specialist II

Letter Number: 021A00025297

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FHA SERVICES TRUST 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:

PERRY GRUMAN

Name of Person

PERRY G GRUMAN P A

Firm/Company

3400 W KENNEDY BLVD

Address

TAMPA FL 33609

City/State and Zip Code

PERRY@GRUMANLAW.COM

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

For further information concerning this matter, please call:

PERRY GRUMAN

Name of Person

at ( 813 ) 870-1614

Area Code & Daytime Telephone Number

**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

**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**

2021 DEC 10 PM 5:53

**SECTION I (1-4 must be completed)**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: FHA ATTORNEY 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: M15000008363

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 10/19/2015

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

5. New name of the limited liability company: FHA SERVICES TRUST 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

YOSVANI ALVAREZ, MANAGER

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

# State Of Delaware

## Entity Details

10/27/2021 9:40:13AM

File Number: 5513585

Incorporation Date / Formation Date: 4/8/2014

Entity Name: FHA SERVICES TRUST LLC

Entity Kind: Limited Liability Company

Entity Type: General

Residency: Domestic

State: DELAWARE

Status: Good Standing

Status Date: 7/20/2021

### Registered Agent Information

Name: SPIEGEL & UTRERA, P.A.

Address: 9 EAST LOOCKERMAN ST STE 202

City: DOVER

Country:

State: DE

Postal Code: 19901

Phone: 302-744-9800

### Tax Information

Last Annual Report Filed: 0

Tax Due: \$ 0

Annual Tax Assessment: \$300

Total Authorized Shares:

### Filing History (Last 5 Filings)

Seq	Description	No of Pages	Filing Date mm/dd/yyyy	Filing Time	Effective Date mm/dd/yyyy
1	Amendment Name FHA ATTORNEY SERVICES LLC	1	4/27/2021	8:00 AM	4/27/2021
2	Blnkt Address - LLC	1	2/23/2017	3:41 PM	2/23/2017
3	LLC	1	4/8/2014	4:36 PM	4/8/2014

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "FHA ATTORNEY SERVICES LLC" FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "FHA SERVICES TRUST LLC", ON THE TWENTY-SEVENTH DAY OF APRIL, A.D. 2021, AT 8 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FHA SERVICES TRUST LLC", IS THE LAST KNOWN TITLE OF RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY.

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

5513585 8321  
SR# 20213943573

Authentication: 204847960  
Date: 12-02-21

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)