

M170000010093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

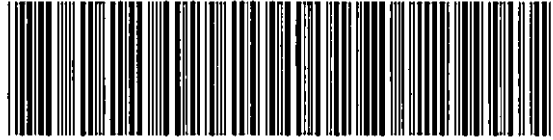
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED
JUN 11 AM 9:09
STATE
TALLAHASSEE, FLORIDA

RECEIVED
2021 JUN 11 PM 4:25
STATE
TALLAHASSEE, FLORIDA

JUN 15 2021

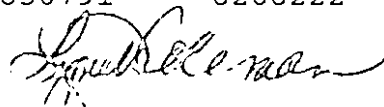
X

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

ACCOUNT NO. : I20000000195

REFERENCE : 850791 8268222

AUTHORIZATION :



COST LIMIT : \$ 25.00

ORDER DATE : June 9, 2021

ORDER TIME : 9:08 AM

ORDER NO. : 850791-005

CUSTOMER NO: 8268222

FOREIGN FILINGS

NAME: SELENE NEW DILIGENCE ADVISORS
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: Alexxis Weiland -- EXT# 61592

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 14, 2021

CSC

RESUBMIT
Please give original
submission date as file date.

SUBJECT: SELENE NEW DILIGENCE ADVISORS LLC
Ref. Number: M17000010093

We have received your document for SELENE NEW DILIGENCE ADVISORS LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 421A00013120

2021 JUN 17 AM 11:47
M17000010093

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Selene New Diligence Advisors 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:

Carrie R Fields
Name of Person

Selene New Diligence LLC
Firm/Company

8201 Cypress Plaza Dr
Address

Jacksonville, FL 32256
City/State and Zip Code

Legal@SeleneNDA.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carrie Fields at (904) 549-6206
Name of Person 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**

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: Selene New Diligence Advisors LLC

Enter new principal office address, if applicable: 10808 South River Front Parkway Suite 200, South Jordan, UT 84095

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

10808 South River Front Parkway Suite 200, South Jordan, UT 84095

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M17000010093

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: November 30, 2017

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

5. New name of the limited liability company: Selene Diligence 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.

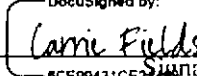
If Changing Registered Agent, Signature of New Registered Agent

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>
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
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_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ 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.

DocuSigned by:

 Signature of the authorized representative

Carrie R Fields

 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 THAT THE SAID "SELENE NEW DILIGENCE ADVISORS LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "SELENE DILIGENCE LLC" ON THE TWENTY-THIRD DAY OF FEBRUARY, A.D. 2021, AT 2:42 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SELENE DILIGENCE LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF JULY, A.D. 2017.



Jeffrey W. Bullock, Secretary of State

6489920 8320
SR# 20212418959

Authentication: 203421386
Date: 06-10-21

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