M18000003990

(R€	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
00:55		
60 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		

Office Use Only



600338289346

2019 DEC 23 PH12: 45

DEC 3 0 2019 M. SOLOMON CORPORATION SERVICE COMPANY 1201 Hays Street

____ LIMITED PARTNERSHIP

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO. : 12000000195
	REFERENCE : 108473 4370156
	AUTHORIZATION : Symbolia no
	COST LIMIT : \$30.00
ORDER DATE :	December 19, 2019
ORDER TIME :	5:37 PM
ORDER NO. :	108473-005
CUSTOMER NO:	4370156
	-
	FOREIGN FILINGS
NAME:	GRASS RIVER ASSET SERVICES LLC
CORPORA	TF.

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62969

EXAMINER:

COVER LETTER

Division of Corporations		
SUBJECT: Grass River Asset	Services LLC ign Limited Liability Company	
Dear Sir or Madam:		
The enclosed application, certificate and fee(s)) are submitted for filing.	
Please return all correspondence concerning th	nis matter to the following:	
Mark Jefferis		
Name of Person		
3650 REIT		
Firm/Company		
100 Wilshire Boulevard Sui	ite 1845	
Address		
Santa Monica, California 90	0401	
City/State and Zip Cod		
mjefferis@3650reit.com		
E-mail address: (to be used for future annua	Il report notification)	
For further information concerning this matter,	·	
Mark Jefferis	at (213) 448-5754	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following amoun	_	
\$25 Filing Fee \$\blue{\mathbb{m}}\$30 Filing Fee \$\text{Certificate of Status}\$	☐ \$55 Filing Fee & ☐ \$60 Filing Fee. Certified Copy Certified Copy Certified Copy	

CR2E055 (9/15)

TO: Registration Section

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 appear	ars on the records of the Florida Department of
State: Grass River Asset Services	s LLC
Enter new principal office address, if applicable:	
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	
	2
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
2. The Florida document number of this limited lia	
3. Jurisdiction of its organization: Delaware	
4. Date authorized to do business in Florida: 04	
SECTION II (5-9 complete only the applicable	changes)
5. New name of the limited liability company: 3	
(mus	st contain "Limited Liability Company, ""L.L.C.," or "LLC.")
	ed for the purpose of transacting business in Florida and attach a anaging members adopting the alternate name. The alternate name .C." or "LLC.")
6. If amending the registered agent and/or registered registered agent and/or the new registered office a	red officer address on our records, enter the name of the new address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida Street Address
	, Florida City Zip Code
Nam Degistered Agent's Cimentons (Cahon vin Degistered	
the 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 with r and complete performance of my duties, and I am familiar with stered agent as provided for in Chapter 605, F.S. Or, if this e in the registered office address, I hereby confirm that the limited

3. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
tle/ Capacity	Name	Address	Type of Action	
	 		Add	
			Remove	
			Add	
	-		Remove	
			Add	
			Add	
			Remove	
			Add	
			Remove	
asorementioned am	he law of which this entity is organize	official having custody of records in the	3	

Filing Fee: \$25.00

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "GRASS RIVER ASSET

SERVICES LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS

NAME TO "3650 REIT LOAN SERVICING LLC" ON THE EIGHTEENTH DAY OF

DECEMBER, A.D. 2019, AT 6:18 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 "3650 REIT

LOAN SERVICING LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF JUNE,

A.D. 2017.



Authentication: 204266177

Date: 12-19-19

6453893 8320 SR# 20198773444



Please give original submission date as file date.

December 26, 2019

CSC

SUBJECT: GRASS RIVER ASSET SERVICES LLC

Ref. Number: M18000003990

We have received your document for GRASS RIVER ASSET SERVICES LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Fees indicated do not match the Cover letter.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon
Regulatory Specialist II Supervisor

:

Letter Number: 419A00026136