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To:

15612148442

Division of Corporations

Fax Number : (850)617-6383

Account Name : COMPUTERSHARE Account Number : 110432003053

Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.\*\*

🗃 Email Address:\_

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLUESTONE TITLE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

# 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 D	epartment of	
State: Bluestone Title, 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 liab	ility company is: M24000	004898	PH 12: 53
3. Jurisdiction of its organization: Delawar	e		
4. Date authorized to do business in Florida:04	/16/2024		
SECTION II (5-9 complete only the applicable ch			
<ol> <li>New name of the limited liability company: W (must company)</li> </ol>	HBK Closing Services, Leontain "Limited Liability Con	npany, ""L.L.C.," or	"LLC.")
(If name unavailable, enter alternate name adopted f copy of the written consent of the managers or mana must contain "Limited Liability Company," "L.L.C.	ging members adopting the all	usiness in Florida and ternate name. The alte	attach a rnate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office add		enter the name of the	e new
Name of New Registered Agent:			
New Registered Office Address:	Enter Floride	Street Address	
		blorida	
	City	Zip Co	xle
New Registered Agent's Signature, it changing Regil I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper as and accept the obligations of my position as register document is being filed to merely reflect a change in liability company has been notified in writing of this	and agree to act in this capac nd complete performance of m ed agent as provided for in CP n the registered office address,	y duties, and I am fam apter 605, F.S. Or, if	uliar with this

15612148442

		accordance with 605.0902 (1 Xe), ind	
tle/ Capacity	Name	Address	Type of Action
	<del></del>		□Add
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			Add  PH PRemo
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aforementioned ame	eate, if required: no more than 90 indment(s), duly authenticated by e law of which this entity is orga	y the official having custody of recor	□Remo
	/s/ Caitlin Lazarus		

Filing Fee: \$25.00

## Delaware

Page 1

The First State

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 AMENDMENT OF "BLUESTONE TITLE, LLC", CHANGING ITS NAME FROM "BLUESTONE TITLE, LLC" TO "WHBK CLOSING SERVICES, LLC", FILED IN THIS OFFICE ON THE SECOND DAY OF OCTOBER, A.D. 2024, AT 9:31 O'CLOCK A.M.





Authentication: 204541830

Date: 10-02-24

State of Delaware
Secretary of State
Division of Corporations
Delivered 09:31 AM 10:02/2024
FILED 09:31 AM 10:02/2024
SR 20243842138 - File Number 3448415

### STATE OF DELAWARE CERTIFICATE OF AMENDMENT

s follows: The name of t	e Limited Liability Company is:	
WHBK Closing	Services, LLC	
N WITNESS V	HEREOF, the undersigned have executed this Co	ertificat
N WITNESS V	HEREOF, the undersigned have executed this Coday of October . A.D.	
	_	
	_	