

(Re	questor's Name)	
(Ad	dress)	
(Ād	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		1
	<del></del>	

Office Use Only



100312514491

05/01/18--01026--006 \*\*35.00

S TALLENT MAY 0 4 2018

TO MAY -1 PH 2: 79

MU

## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: Selle Realty DOCUMENT NUMBER: 171 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Gonzalez, P. For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee

Certified Copy

enclosed)

(Additional copy is

**Mailing Address** 

TO: Amendment Section

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

Certificate of Status

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Certificate of Status

Certified Copy

(Additional Copy is enclosed)

## **Articles of Amendment**

to

## Articles of Incorporation of

Selle Realty, PA	
(Name of Corporation as currently f	iled with the Florida Dept, of State)
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flatis</i> Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	/The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	— NA
, , , , , , , , , , , , , , , , , , , ,	
	· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	Д.
Name of New Negotier a gent	<del></del>
(Florida street	address)
New Registered Office Address:	Florida
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with	n and accept the obligations of the position.
N/A	istered Agent, if changing
Signature of New Reg	метеа Адет, у спандтд

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held, President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT John Doe	
X Remove	V <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	NA NA	
Add	·	
Remove		<del> · · · ·</del>
2) Change	NA	
Add	,	
Remove	1	
3 ) Change		
Add		
Remove		
4) Change	N/A	
Add	·	
Remove		
5) Change	NIA	_ <del></del>
Add		
Remove		
6) Change	N/A	
Add		<del></del>
Remove		

(Attach additional	adding additional Articles, enter chall sheets, if necessary). (Be specific)		
IIIW I	he providing	real estate	services,
		)	
	· · · · · · · · · · · · · · · · · · ·		
			·
		<del></del>	
	· · · · · · · · · · · · · · · · · · ·		
			· · · · · · · · · · · · · · · · · · ·
	<del></del>		
provisions for i	it provides for an exchange, reclassi implementing the amendment if not		
	icable, indicate N/A)	Local and allo	
I Will	be providing	real estelle	Services
<del></del>			
		<u> </u>	
	***************************************		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no nazie man zo auju ajter amezianem jne aute)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	I not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 4 26/18	
Signature Cua Wemaly	
(By a director, president or other officer - if directors or officers have not been	_
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
CVI GONZOLE)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	