

L17000044972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

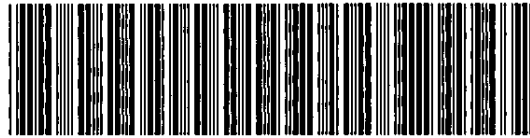
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TALLAHASSEE, FLORIDA

D. SCOTT  
APR 5 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 15, 2017

ALICIA HAYES  
610 NW 183RD STREET, SUITE 207  
MIAMI GARDENS, FL 33169

SUBJECT: SELMA J. JOHNSON LLC  
Ref. Number: L17000044972

We have received your document for SELMA J. JOHNSON LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 317A00004994

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SELMA JOHNSON, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALICIA HAYES

\_\_\_\_\_  
Name of Person

SELMA J. JOHNSON, LLC

\_\_\_\_\_  
Firm/Company

610 NW 183RD STREET, SUITE 207

\_\_\_\_\_  
Address

MIAMI GARDENS, FLORIDA 33169

\_\_\_\_\_  
City/State and Zip Code

aswan@therealestateexperts.biz

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

For further information concerning this matter, please call:

Alicia Hayes

786 299-1575

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
17 MAR 31 AM 8:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SELMA J. JOHNSON, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 2, 2017

Florida document number L17000044972

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

17800 NW 14TH COURT

MIAMI GARDENS, FLORIDA 33169

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

17800 NW 14TH COURT

MIAMI GARDENS, FLORIDA 33169

**B. If amending the registered agent and/or registered office 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:

CHYKIMBERLY BULLARD

New Registered Office Address:

17800 NW 14TH COURT

Enter Florida street address

MIAMI GARDENS

City

, Florida 33169

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CHYKIMBERLY BULLARD	17800 NW. 14 COURT	<input type="checkbox"/> Add
		MIAMI GARDENS, FLORIDA 33156	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALICIA HAYES	610 NW 183RD STREET	<input checked="" type="checkbox"/> Add
		MIAMI GARDENS, FLORIDA 33156	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

FEBRUARY 25, 2017


**(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated MARCH 10 2017

  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

ALICIA HAYES

Typed or printed name of signee