

L17000044972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

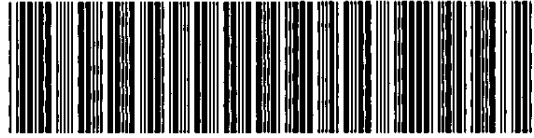
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300280061353

03/14/17--01023--007 **30.00

FILED
MAR 31 AM 8:54
SECRETARY OF STATE
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

NOT DELIVERED

2017 MAR 31 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
17 MAR 31 AM 8:54
SECRETARY OF STATE
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

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

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, Florida 33169

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.


Chykimberly Bullard
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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: FEBRUARY 25, 2017 (optional) 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.

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

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated MARCH 10, 2017

Handwritten signature of Alicia Hayes

Signature of a member or authorized representative of a member

ALICIA HAYES

Typed or printed name of signee