## 119000266582

(Req	uestor's Name)	
(Add	lress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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PARTINE OF CORPORATION

## **COVER LETTER**

	istration Sectision of Corp				
CUDIF OT	Sellet LLC		•	•	
SUBJECT:	<del></del>	Name of Lim	ited Liability Company		•
The enclosed	l Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		Joseph Telles			
		•	Name of Person		
		Sellet LLC			
			Firm/Company	-	
		3373 Siena Cr			22 /
			Address		au G
		Wellington, FL 33414			22 AUG 10 AM10: 46
		·	City/State and Zip Code		AH 10: 46
		jtelles@telles-accounting.co	om		7 ÷0
		E-mail address: (	to be used for future annual rep	ort notification)	ou 🐔
For further in	aformation co	ncerning this matter, please c	all:		
Joseph Telle	S		561 635-59 at ( )	911	
	Name of	Person	Area Code	Daytime Telephone Number	_
Enclosed is a	check for the	following amount:			
■ \$25.00 H	filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Certified Cop (additional copy	Status & y
	iling Address	=	Street Addr Degistration		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.C	D. Box 6327	,	The Centr	e of Tallahassee	
Tal	llahassee, F	L 32314	2415 N. N	Ionroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited I Florida document number L19000266582	Liability Company were filed on _	0/24/2019 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company	<u>here</u> :
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 appli	cable:	
Principal office address MUST BE A STREA	ET ADDRESS)	22 Wis
		AUG ON
		01 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Enter new mailing address, if applicable:		<u></u>
Mailing address MAY BE A POST OFFICE	<b>교</b> 첫	
		<b>47</b>
B. If amending the registered agent and/or agent and/or the new registered office address.		records, enter the name of the new registe
Name of New Registered Agent:	Lindsay Telles-Mamone	
New Registered Office Address:	3373 Siena Cr	
	Enter Fi	orida street address
	Wellington	, Florida <sup>33414</sup>
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

Caller LLC

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.

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>	Address	Type of Action
AMBR	Christine B Telles	3373 Siena Cr	□Add
		Wellington, FL 33414	= Remove
			□Change
AMBR	Lindsay Telles-Mamone	4179 Siena Cr	
		Wellington, FL 33414	□Remove
			22 Dananger
			UAdd Const
			22 DUG 10AM 10 1777
			□Change
			□ Remove
			Change
			\ \tag{\text{Remove}}
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			□Add
		<del> </del>	Remove
			□Change

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fective date, if other than t	the date of filing:	:		(optior	nal)	
n effective date is listed, the date in this listed in this	must be specific and c	cannot be prior to c	late of filing or mor	e than 90 days after fi	ling.) Pursuant to 60	5.0207
cument's effective date on the			c statutory filling	requirements, mis	iate will not be its	neti as
ecord specifies a delayed effectis filed.	ctive date, but not a	in effective time	, at 12:01 a.m. or	the earlier of: (b)	The 90th day aft	er the
ted	,	2022				
$\bigcap$	1 1	01				
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Typed or printed name of signee