

L12000082344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

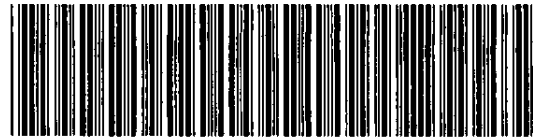
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TALLAHASSEE, FLORIDA

2013 MAR 13 AM 8:42

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SAULSBERRY
EXAMINER

MAR 15 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Selective Realty Group, 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:

Craig Luiz

Name of Person

Selective Realty Group, LLC.

Firm/Company

320 N. Alafaya Tr.

Address

Orlando, Florida 32828

City/State and Zip Code

CraigL@selectiverealtygroup.com

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

For further information concerning this matter, please call:

Craig Luiz

Name of Person

at (407) 207-8831

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

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2013 MAR 13 AM 8:42
TALLAHASSEE, FL
DIVISION OF STATE
CORPORATIONS

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

Selective Realty Group, 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 June 20, 2012 and assigned
Florida document number L12000082344.

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 end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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CLERK OF THE COURT
STATE OF FLORIDA

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: Craig D. Luiz

New Registered Office Address: 320 N. Alafaya Tr.
Enter Florida street address

Orlando, Florida 32828
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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Judy Luiz	3819 Avalon Park E Blvd.	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		Orlando, FI 32828	
MGR	Craig D. Luiz	320 N. Alafaya Tr.	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Orlando, FI 32828	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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CLERK OF STATE
TALLAHASSEE, FL 32301

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

None

Dated March 13, 2013


Signature of a member or authorized representative of a member

Craig D. Luiz

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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CLERK OF STATE
TALLAHASSEE, FL 32304