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## **COVER LETTER**

TO: Registration Division of C			
SUBJECT: 58	180 tive Ren Name of Li	alta Coper II	
The enclosed Articles of	f Amendment and fee(s) are su	abmitted for filing.	
Please return all corresp	oondence concerning this matte	er to the following:	
	Craig D	Name of Person	<del></del>
	SELECTIVE	E Kealty Corpor	ip LC
	12001 R	RESEARCH POH	Know Serte 236
	DRIande Cravala	> Fl 38200 'City/State and Zip Code ) Sely CHUY LEO Je	arouad com
For further information of	E-mail hddress: concerning this matter, please c	(to be used for future annual report not call:	fication)
Shave o	L.) LU2 i Person	at ( <u>HO7</u> ) <u>70</u> Area Code Daytin	2 – 108D ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	S30.00 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 S Division of C P.O. Box 632	Section orporations 7	Street Address: Registration Se Division of Cor The Centre of T	porations allahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_ Florida document number 1 1200008 2344 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 "LLC." 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) 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: New Registered Office Address:

## 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.

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 **Title** <u>Address</u> Type of Action Name | MGR  $\square$ Add □Remove \_ DChange □Add \_ 🗆 Remove \_ 🗆 Change □∧dd □Remove □ Change Sde MbR □Change

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ective	e date, if other than the date of filing: 12222000 (optional)
10.	the 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, the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed the effective date on the Department of State's records.
	. 3 cricetive date on the Department of State's records.
ecord s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
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	JUNE 3RD 2020
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ed	Signature of a member or authorized representative of a member

Filing Fee: \$25.00