

L140 00179631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

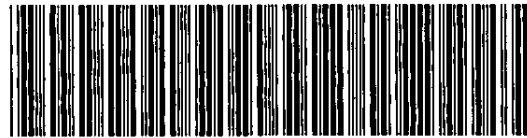
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 16 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SELECTYA LLC

SUBJECT: _____
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:

Gerard Ginesta Legasto

Name of Person

Selectya LLC

Firm/Company

9656 Pandanus Way

Address

Boynton Beach FL 33436

City/State and Zip Code

gerardginesta@selectya.com

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

For further information concerning this matter, please call:

Gerard Ginesta Legasto

352 2994827

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

**TO
ARTICLES OF ORGANIZATION
OF**

SELECTYA 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 12-08-14 and assigned
Florida document number 47-1764605.

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)

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:

Gerard Ginesta Legasto

New Registered Office Address:

9656 Pandanus Way

Enter Florida street address

Boynton Beach

Florida

City

14 DEC 10 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
33436
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

Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

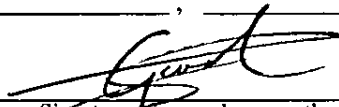
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Anton Bas	50 SW 3RD AVE. APT. 103	<input type="checkbox"/> Add
		BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Remove
Registered Agent	Anton Bas	50 SW 3RD AVE. APT. 103	<input type="checkbox"/> Add
		BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Remove
AMBR	Anton Bas	50 SW 3RD AVE. APT. 103	<input type="checkbox"/> Add
		BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA
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E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated December 8, 2014



Signature of a member or authorized representative of a member

Gerard Ginesta Legasto

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA