

L16000015293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

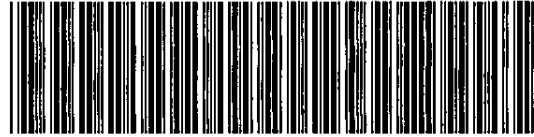
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SELECTA REALTY 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:

BRUNA SERENO

\_\_\_\_\_  
Name of Person

SELECTA REALTY LLC

\_\_\_\_\_  
Firm/Company

11951 INTERNATIONAL DR, ST 2C4

\_\_\_\_\_  
Address

ORLANDO/FL 32821

\_\_\_\_\_  
City/State and Zip Code

PRIVATE@LARSONACC.COM

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

For further information concerning this matter, please call:

CAROLINE LARSON

407 370-3686  
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

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

SELECTA REALTY 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 03/11/2016 and assigned  
Florida document number L16000015293.

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)**

11951 INTERNATIONAL DRIVE

SUITE 2C4

ORLANDO, FL 32821

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

11951 INTERNATIONAL DRIVE

SUITE 2C4

ORLANDO, FL 32821

**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:**

LARSON ACCOUNTING AND CONSULTING SERVICES

**New Registered Office Address:**

7901 KINGSPONTE PKW, ST 17

*Enter Florida street address*

ORLANDO

Florida 32819

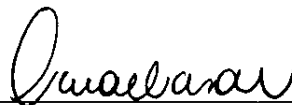
*City*

*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.*

x



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>                      |
|--------------|------------------------|----------------|--|
| AMBR         | BRUNA SERENO           |                | <input type="checkbox"/> Add               |
|              |                        |                | <input type="checkbox"/> Remove            |
|              |                        |                | <input checked="" type="checkbox"/> Change |
| AMBR         | ACO VACATION HOMES LLC |                | <input type="checkbox"/> Add               |
|              |                        |                | <input type="checkbox"/> Remove            |
|              |                        |                | <input checked="" type="checkbox"/> Change |
|              |                        |                | <input type="checkbox"/> Add               |
|              |                        |                | <input type="checkbox"/> Remove            |
|              |                        |                | <input checked="" type="checkbox"/> Change |
|              |                        |                | <input type="checkbox"/> Add               |
|              |                        |                | <input type="checkbox"/> Remove            |
|              |                        |                | <input type="checkbox"/> Change            |
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|              |                        |                | <input type="checkbox"/> Remove            |
|              |                        |                | <input type="checkbox"/> Change            |
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|              |                        |                | <input type="checkbox"/> Remove            |
|              |                        |                | <input type="checkbox"/> Change            |


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Date will

(b) The 90th day after the record is filed.

  
 Signature of a member or authorized representative of a member

  
 Typed or printed name of signer