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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer.	
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Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor						
	ing group llc					
SUBJECT:	Name of Limit	ed Liability Company				
		the Lead Cline				
	Amendment and fee(s) are subr					
Please return all correspo	ondence concerning this matter t	o the following:				
	CONSTANZA HERNANI	DEZ				
		Name of Person				
		Firm/Company				
	3375 N COUNTRY CLUB DR #1202					
		Address				
	AVENTURA, FLORIDA,	33180				
		City/State and Zip Code				
	SELFOSSGROUP@GMAI					
		to be used for future annual report not	incation)			
For further information (concerning this matter, please ca	all:				
CONSTAZA HERNAN	RDEZ	786 3573871 at ()				
Name	of Person	Area Code Daytin	ne 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 Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27		orporations			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SELFOSS TRADING GROUP LLC		<u> </u>
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	,
The Articles of Organization for this Limited Liability Company w		
Florida document number		
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabili</u>	ty company here:	
SELFOSS GROUP LLC		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC"	or the abbreviation "L.L.C."
		<u> </u>
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		(n) =
Enter new mailing address, if applicable:		<u></u>
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
maning address 19711 197211 1 300 - 00 - 00 - 00		_ c
		
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	ddress on our records, <u>enter t</u>	he name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Eater Florida street address	
	, Flo	orida
	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.

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

	Name	<u>Address</u>	Type of Action
<u>Title</u>	<u>Name</u>		□Add
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<u>ite:</u> It the dat	te inscrted in th	n the date of fi te must be specific his block does n the Department	ot meet the	: applicable s	- DO A e of filing or r statutory filin	nore than 90 ong requirem	_ (optional lays after filin ents, this dat	l) g.) Pursuant to 6 te will not be li	05,020 isted a
	s a delayed eff	fective date, but	not an effe	ective time, a	it 12:01 a.m.	on the earli	er of: (b)	The 90th day af	îter the
is filed. 05/24/20	124		·	<u> </u>	١ (
is filed.)24	Signature	Ya member	MOLCO!	Our V	e of a membe	r		

Filing Fee: \$25.00