U8000154078

(Requestor's Name)	
(Address)	
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PICK-UP WAIT MA	AIL.
(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO:		istration Sect sion of Corp			
			OUP REALTY LLC		
SUBJE	CT:		Name of Limit	ted Liability Company	
The enc	losed	Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please re	eturn	all correspon	dence concerning this matter t	o the following:	
			Jane Kislin		
				Name of Person	
			Select Group Realty LLC		
				Firm/Company	
			9891 S Miralago way		
				Address	
			Parkland FL 33076		
			janekislin@gmail.com	City/State and Zip Code	
				o be used for future annual report i	notification)
For furt	ther ir	nformation co	oncerning this matter, please ca	ill:	
Jane K	islin			954 263-6461 at ()	
		Name of	Person	Area Code Day	time Telephone Number
Enclose	ed is a	check for the	e following amount:		
\$25	5.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

Select Group Realty LLC		
(Name of the Limited L. (A F	lability Company as it now appears on our records.) Torida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number L18000154078	lity Company were filed on 6/22/2018	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		S 10 K 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, ent e address here:	er the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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 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>	Address	Type of Action
MGR	Jane Kislin	9891 S Miralago Way Parkland FL	Ad d
			□ Remove
			Change
			Add
			☐ Remove
			Change
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
			□ Change
			🗖 Add
			Remove
			Change

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Typed or printed name of signee

Filing Fee: \$25.00