19000 195834

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Busiliess Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1129

Office Use Only



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2020 JUL 30 KH 8: 41

AUG 03 2020 S. YOUNG



July 10, 2020

SELMA G GUERRA 1219 CRESTVIEW DRIVE MOUNT DORA, FL 32757

SUBJECT: SELMA G. GUERRA, LLC

Ref. Number: L19000195834

We have received your document for SELMA G. GUERRA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

YOU MUST STATE THE TYPE OF BUSINESS THIS WILL BE FOR THE PLLC

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 420A00012733

1. Nowhere on this form bores it clearly ask for the ty business. Thus, perhaps your form should is updated so that its electer for claim ants.

2. IN ANSWOR to your question:

The only thing that has examped is the letter P

the business he mains the Same. Real Estate

	egistration S vision of Co		· · ·		
SURIFCT	Selma G.	Guerra, LLC			
OBJECT	•	Name of Li	nited Liability Company		
The enclose	ed Articles of	f Amendment and fee(s) are su	bmitted for filing.		
		ondence concerning this matte	_		
		Selma G. Guerra			
			Name of Person		
		Selma G. Guerra			
			Firm/Company		
		1219 Crestview Drive			
		***************************************	Address		
		Mount Dora, Florida 3275	7		
			City/State and Zip Code		
		selma.g.g04@gmail.com			
For further i	nformation o	e-mail address: (to be used for future annual all:	report notification)	
Sclma G. G	uerra			5-1400	
	Name o	f Person	Area Code	Daytime Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Certificate of Status	
	lling Addres		Street Ad		
Registration Section Division of Corporations			Registration Section		
P.O. Box 6327			Division of Corporations The Centre of Tallahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

23

Selma G. Guerra, LLC				20	
(Name of the Limited (A	Liability Com Florida Limited	pany as it now appears on our records.) I Liability Company)) 3(
The Articles of Organization for this Limited Liab	a	भाव assi			
Florida document number L19000195834	··			œ	
This amendment is submitted to amend the follow	ing:		•		
A. If amending name, enter the new name of th	e limited lia	bility company here:			
Selma G. Guerra, PLLC Professional line The new name must be distinguishable and contain the word	nited le	ability Company			
The new name must be distinguishable and contain the word	s "Limited Liab	oility Company," the designation "LLC" or	the abbreviat	tion "L.L	
Enter new principal offices address, if applicable	le:	211 East Colonial Drive			
(Principal office address MUST BE A STREET A	ADDRESS)	Orlando, FL 32801			
Enter new mailing address, if applicable:	1219 Crestview Drive Mount Dora, FL 32757				
(Mailing address MAY BE A POST OFFICE BO					
B. If amending the registered agent and/or registered agent and/or the new registered office address have a Name of New Registered Agent: New Registered Office Address:	stered office ere:		name of th	<u>не пе</u>	
C	Orlando	, Florid:	32801		
_		City , Florida		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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documbeing 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.

or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> Name **Address** Type of Mge Selma G GWERA 1219 Gestview De DAdd _____ □Chai AMBR SelmA GLERRA 1219 CRESTVIEW DR DAdd _ DRem _____ □ Chan _____ □Add _____ □Rema _____ □Chan; _____ □Remc _____ □Chanj _____ □ Add _____ 🗆 🗀 Remo _____ □Add

□Remo¹

_____ □Chang

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	JEHI LSIUL
	
	
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Mote. If the date ins	ther than the date of filing:
he record specifies a doord is filed.	clayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
Dated July 7,	
	Sample
	Signature of a member or authorized representative of a member
Selma G.	Guerra
	Typed or printed name of signee

Filing Fee: \$25.00