## L19000284548

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| , , ,                                   |
| (Document Number)                       |
| (2001                                   |
| Certified Copies Certificates of Status |
| Certified copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

Office Use Only



900338263499

12/30/19--01014--029 \*\*25.00

LEPARTMENT OF STATE BYISION OF CORPORATION TALLAHASSEE, FLORID.

2019 DEC 30 PM 6: 3

JAN 3 0 2020 S. YOUNG

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: SELAH FINANCIAL SERVICES 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:  |
| LATANIA L GORDON   |
| Selah Financial Services LLC<br>Firm Company   |
| 17128 HEART OF PAUMS DR  |
| TAMPA FL 33647   |
| S313h fingerices and Zip Code  6313h fingerices and Zip Code  6-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| LATANIA L GORDON 31,954,681 1197   |
| Name of Person Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:  |
| S55.00 Filing Fee \$\Bigsim \text{\$\subset}\$30.00 Filing Fee \$\Bigsim \text{Certificate of Status}\$\$  Certificate of Status \$\text{Certified Copy}\$ (additional copy is enclosed)  Certified Copy (additional copy is enclosed) |

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Selah Financial   | Services LLC   |
|---|--|
| (Name of the Limited Liability C<br>(A Florida Lii  | "  |
| The Articles of Organization for this Limited Liability Com<br>Florida document number <u>L19000 284546</u> . | npany were filed on 11/14/2019 and assigned  |
| This amendment is submitted to amend the following:   | 937 : 31<br>17.00 - 17.00 - 17.00 - 17.00 - 17.00 - 17.00 - 17.00 - 17.00 - 17.00 - 17.00 - 17.00 - 17.00 - 17.00 - 17.00 -  |
| A. If amending name, enter the new name of the limited  | d liability company here:  |
| The new name must be distinguishable and contain the words "Limited   | Liability Company," the designation "L.L.C" or the abbreviation "L.L.C,"   |
| Enter new principal offices address, if applicable:   |  |
| (Principal office address MUST BE A STREET ADDRES   | <u> </u>   |
|   |  |
| Enter new mailing address, if applicable:   |  |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |
|   |  |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | and the following:  A name of the limited liability company here:  Ontain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."  A STREET ADDRESS)  Cable:  OFFICE BOX)  I and/or registered office address on our records, enter the name of the new registered ice address here: |
| - <del></del>   |  |
| Name of New Registered Agent:   |  |
| New Registered Office Address:  | Enter Florida street address   |
|   | · · · · · · · · · · · · · · · · · · ·  |
| <del></del>   |  |

## 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

| <u>Title</u> | <u>Name</u> |   |             | Address                 | Type of Action |
|--------------|-------------|---|-------------|-------------------------|----------------|
| MGR          | LATANIA     | L | GORDON      | 17128 Heart of Palms Dr | <b>∑</b> ∡∧dd  |
|              |             |   |             | Tampa, FL 33647         | □Remove        |
|              |             |   |             |                         | □Change        |
|              | <u></u>     |   |             |                         | □Add           |
|              |             |   |             |                         | □Remove        |
|              |             |   |             |                         | □Change        |
|              |             |   |             |                         | □Add           |
|              |             |   |             |                         | □Remove        |
|              |             |   |             |                         | □Change        |
|              |             |   |             |                         | DAdd           |
|              |             |   |             |                         | □Remove        |
|              |             |   |             |                         | □Change        |
|              |             |   | <del></del> |                         | □Add           |
|              |             |   |             |                         | □Remove        |
|              |             |   |             |                         | □Change        |
|              |             |   |             |                         | 🗆 Add          |
|              |             |   |             |                         | DRemove        |
|              |             |   |             |                         | Change         |

| mending a         | ny other informatio                               |                      |                 |                       | Λ                   |                         |
|-------------------|---|----------------------|-----------------|-----------------------|---------------------|-------------------------|
| Unly              | change  | is to                | ADD             | Latania               | a bordo             | <u> </u>                |
| 25                | a MGi   | 2 to                 | the             | compan                | u lister            | d                       |
|                   |   |                      |                 |                       | .)                  |                         |
| <del></del>       |   |                      |                 |                       |                     | <del></del>             |
|                   |   |                      |                 |                       | <u> </u>            | <del> </del>            |
|                   |   |                      |                 | _ <del></del>         |                     |                         |
|                   |   | ·                    |                 |                       |                     |                         |
|                   |   |                      |                 |                       |                     |                         |
|                   |   | · <del></del>        |                 |                       |                     |                         |
|                   | <del></del>                                       | <del> ·</del>        |                 |                       |                     |                         |
|                   |   |                      | <del> </del>    |                       |                     |                         |
|                   |   |                      |                 |                       |                     |                         |
|                   |   |                      |                 |                       |                     |                         |
|                   |   |                      |                 |                       |                     |                         |
|                   |   | <del></del>          | <del></del>     |                       |                     |                         |
|                   |   |                      |                 |                       |                     |                         |
|                   |   |                      |                 |                       |                     |                         |
|                   |   |                      |                 |                       |                     |                         |
|                   |   |                      |                 |                       |                     |                         |
| <del></del>       |   |                      | <del></del>     |                       |                     |                         |
|                   |   | 1                    | alnula          | nia                   |                     |                         |
| ii ciieciive date | if other than the d                               | e specific and cambo | н осрпоно оса   |                       |                     | .) Pursuant to 605.0207 |
|                   | c inserted in this bloc<br>ective date on the Dep |                      |                 | statutory filing requ | irements, this date | will not be listed as   |
|                   | •   |                      |                 |                       |                     |                         |
|                   | s a delayed effective of                          | late, but not an eff | fective time, a | it 12:01 a.m. on the  | earlier of: (b) TI  | ne 90th day after the   |
| is filed.         |   |                      |                 |                       |                     |                         |
| ted 12/           | 77  | 21                   | )19             |                       |                     |                         |
| ilea 12           | <del>-</del> 1                                    | 175                  | <u></u>         |                       |                     |                         |
| _                 |   | - 140r               |                 |                       |                     |                         |
|                   |   |                      |                 | representative of a n | nember              | <del></del>             |
| k                 | atania  | L Gor                | don             |                       |                     |                         |
|                   |   | Types                | l or printed na | ne of signee          |                     | <del></del>             |