## L200000 74163

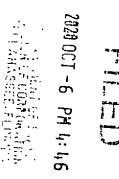
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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NOV 13 2020 S. YOUNG

## **COVER LETTER**

TO: Registration Se Division of Cor		<u>.</u>	
SELECTPI	ICS LLC		
, sobsect.	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sieven Correa		
		Name of Person	
	SELECTPICS LLC		
	<del></del>	Firm/Company	
	14041 SW 136 PL		
		Address	<del></del>
	MIAMI, FL 33186		
		City/State and Zip Code	
	Scorrea95@aol.com	to be used for future annual report notif	Tention)
For further information c	concerning this matter, please c	·	ication)
Steven Corree 4		786 287 4913	
Name o	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>

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

2

SELECTPICS LLC		17.7
(Name of the Limi	ited Liability Company as it now (A Florida Limited Liability Com	pany)
		02/05/2020
The Articles of Organization for this Limited L	Liability Company were filed	on 03/05/2020 and assigned
Florida document number L20000074163	·	
This amendment is submitted to amend the fol	lowing:	<b>5</b>
A. If amending name, enter the new name of	of the limited liability compa	nny here:
SELECTPICKSS LLC		
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 appli	cable:	
Principal office address MUST BE A STREE		
Frincipui office unaress MOST BE A STREI	ET ADDRESS)	
	<del></del>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
		our records, enter the name of the new registered
agent and/or the new registered office addre	ess here:	2 1
Name of New Registered Agent:	Steven Correa	
New Registered Office Address:	14041 sw 136th pl	
	Em	ter Florida street address
	Miami	. Florida <sup>33186</sup>
	Ciţy	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>	Name	Address }	Type of Action
MGR	FEDERICO ARISTIZABAL		🗆 Add
		915 N FRANKLIN ST TAMPA. FL 33602	Remove
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			□ Add
		<del></del>	□ Remove
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effective o te: If the	date is listed, the date inserted effective date	date must b in this block	e specific ar k does not	id cannot be p meet the ap	plicable sta			days after fi	ling.) Pursu	
cord spec s filed.	ifies a delayed	l effective d	late, but no	ot an effectiv	ve time, at	12:01 a.m.	on the carl	ier of: (b)	The 90th	day after the
Septe	mber 30			2020						
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_		Si	gnature of a	member or a	uthorized	presentative	of a membe	:r		
					-					