L20000125972

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	_
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

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COVER LETTER

Division of Cor		~	
	HOUSES ORLANDO, LLC		
SUBJECT:	Name of Lim	ited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Angelina Noeva		
		Name of Person	
	Red Square Accoutning ar	d Tax LLC	
		Firm/Company	
	2121 S. Hiawassee Rd uni	1 4423	
		Address	
	Orlando		
	-	City/State and Zip Code	
	FL 32835		
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all;	
Angelina Noeva		407 690-4766 at ()	
Name o	of Person		: Telephone Number
Enclosed is a check for t	he 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	ss:	Street Address:	

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

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

WE BUY HOUSES ORLANDO, LLC		,
(<u>Name of the Limited Liabi</u> (A Flori	lity Company as it now appears on our record da Limited Liability Company)	<u>ds.</u>) ;
he Articles of Organization for this Limited Liability	Company were filed on 05/11/2020	and assigned
lorida document number 1.20000125972	·	9
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	nited liability company here:	
Seldon Group LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC	"Or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	PRESS)	
•		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registers	ed office address on our records, enter	the name of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	
	enter vioriaa street addre:	33
<u> </u>		lorida
	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
AMBR	Anatolie Garstea	848 Palm Cove Dr Orlando FL 32835	= Add
			□ Remove
			□Change
AMBR	Tabanali Ruslan	11449 Solaya Way unit 402 Orlando FL 32821	□Add
			□Remove
			= Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
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	date, if other to be date is listed, the	e date must be spe	ecific and ca	annot be prio				iling.) Pursuant to	
n effectiv						y filing requi	rements, this	date will not be	listed as
n effectiv o <mark>te:</mark> If th	ne date inserted i s effective date (on the Departm	iem or sta	ite s records) .				
n effectiv <u>te:</u> If th		on the Departn	iem of Sta	ite s records	s.				
n effectiv ite: If the cument'						l a.m. on the	earlier of: (b)	The 90th day	after the
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