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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 : (800)432-3622 Fax Number

Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **MVW LLC**

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November 18, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MVW LLC 7338 NW MIAMI COURT MIAMI, FL 33150

SUBJECT: MVW LLC REF: L21000062815

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The conflict is L12000018163.

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 $(850)\ 245-6051$.

Tracy L Lemieux FAX Aud. #: H24000380669 Regulatory Specialist II Letter Number: 824A00025148

COVER LETTER

	: Registration Section Division of Corporations		
MVW LLC			
30BJEC1:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing	
	ondence concerning this matter	-	
	Ben Wolkov		2024 NOV 20 PM 4: 32
		Name of Person	Q
	Caldera Law PLLC		20 20
		Firm/Company	
	7293 NW 2ND AVE		
	····	Address	
	MIAMI, FL 33150		
	hen@caldera.law	City/State and Zip Code	
	E-mail address:	(to be used for future annual report notification)	
For further information c	oncerning this matter, please o	all:	
Ben Wolkov		786 321-3811	
Name o	f Person	Area Code Daytime Telepho	ne Number
Enclosed is a check for th	oc following amount:		
☐ \$25.00 Filing Fcc	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fcc & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Malling Addres Registration S		Street Address: Registration Section	
Division of C		Division of Corporation	ns

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Doc ID: 83de8c97726097848a15374ca72188d6b0d7b5e4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H24000380669

MVW LLC (Name of the Limited Liability Compa (A Florida Limited)	uny as it now appears on our reco Liability Company)	rds)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000062815</u> .	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Sela Capital Holdings LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "Ll	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	7293 NW 2ND AVE	40 V
	MIAMI, FL 33150	20
		20 TO []
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	7293 NW 2ND AVE	₽Ā ů
	MIAMI, FL 33150	Fi 2
Name of New Registered Agent:		
New Registered Office Address:	<u> </u>	
		ress
		Florida
	City	Zlp Code
New Registered Agent's Signature, if changing Registered Agent:		
	ee to act in this capacity. I	further agree to comply with th
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, provided for in Chapter 603	and I am familiar with and 5, F.S. Or, if this document is

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H24000380669

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR -	AMBR = Authorized Member						
<u>Title</u>	Name	Address	Type of Action				
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			□Remove				
			Change				
			□Remove				
		-					
			Remove PH				
			☐ Add				
			Петоvе				
			Change				
			□Remove				
			□Change				
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Effective date, if other than the offective date is listed, the date must Note: If the date inserted in this blo document's effective date on the Department.	be specific and cannot be p ck does not meet the app	licable statutor				
ic record specifics a delayed effective and is filed.	date, but not an effective	e time, at 12:01	a.m. on the earlie	r of: (6) The 90th	day after	the
Dated November 12	2024	_				
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Typed or printed name of signee

Filing Fee: \$25.00 Doc iD: 83de8c97726097848a15374ca72188d6b0d7b5e4