121000132354

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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT:	A SELECTIVE MOTORING
	Name of Limited Liability Company
The enclosed Articles of Am	endment and fee(s) are submitted for filing.
Please return all corresponde	nce concerning this matter to the following:
	PAUL D. HELPMENSTINE
	VIA SELECTIVE MOTORING
-	Firm/Company
_	140 SEA DUCK CIRE
	Address
-	DAYTONA BEACH FL 32119
	955 e lective Motoring Camai From
_	DAYTONA BEACH, FL 32119 City/State and Zip Code 955 elective Motoring Commission E-mail address: (to be used for future annual report notification) Tring this matter, please call:
For further information conce	rning this matter, please call:
PAUL D.	Helphenstine at (386) 681.7888
Name of Fer	Helphenstine at 386 681.7888 7
Enclored is a check for the fo	lowing amount:
25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certificate Of Status & Certificate Of Status & Certificate Copy (additional copy is enclosed) Certificate Of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Sect	on Registration Section
Division of Corpo P.O. Box 6327	rations Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Via Selective Mi	storing		
(Name of the Limited Liability Company) (A Florida Limited Liab	as it now appears on our records.)		
The Articles of Organization for this Limited Liability Company we Florida document number <u>L 2.1000132354</u> . This amendment is submitted to amend the following:		2021 and ass	igned
This anchancit is submitted to affend the following.			
A. If amending name, enter the new name of the limited liability	y company here:		
The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Company," the designation "LLC" or the	abbreviation "L.	L.C."
Trincipal office daurem MOST BE A STREET ADDRESS			
Enter new mailing address, if applicable:			
_			
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	ress on our records, <u>enter the na</u>	me of the new	v registered
Name of New Registered Agent:		<u></u>	
New Registered Office Address:	Enter Florida street address	<u> </u>	
	, Florida _	77 25	
	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 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	VICTORIA E. BERRY	140 SEA DUCK CIRE, DAYTONA BEACH, PO 32119	XAdd
		BEACU, P	
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			□Add
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	15	enember	2021	
ective date, if other than the dat	e of filing:		(option	all POTF
effective date is listed, the date must be te: If the date inserted in this block	does not meet the applic	able statutory filing i	e than 90 days after fill requirements, this d	ing :) Purs uant to 605.020 ate will not be listed a
cument's effective date on the Depar	ment of State's records	•		
cord specifies a delayed effective da s filed.	e, but not an effective t	ime, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
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acd 1 AUGUST				