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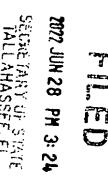
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:

TO: Registration Se Division of Cor		•	. •
SUBJECT: Selle	ers Enterpri	ses, LLC	e •
	Name of Limit	led Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	MOSES S	Selvers	
		Name of Person	
		Firm/Company	
	1071 7		
	1026 Ja	Maca Ave	
	Fort Pi	maica Ave Address erce FL 34	1982
		City/State and Zip Code	
	E-mail address; (to	be used for future annual report notif	fication)
	oncerning this matter, please ca	11:	
Moses	s Sellers	at (772) 82 S Area Code Daytime	5656
Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 JUN 28 PM 3- 25

Sellers &	Enterprises	, LCC	3022 JUN 28 PM 3-28
(Name of the Limi	ted Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) impany)	SECTION AND STATE TALLAHASSEE, FL
The Articles of Organization for this Limited L	iability Company were file	d on <u>3 -30 -21</u>	and assigned
Florida document number <u>L21660</u>	147092		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	of the limited liability com	pany here:	
The new name must be distinguishable and contain the v	words "Limited Liability Compa	ny," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Futon non-mailing address if applicables			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE			
Maning and CSS MATT DE ATTOOT OF THEE			
B. If amending the registered agent and/or agent and/or the new registered office addre	~	n our records, <u>enter the r</u>	name of the new registered
Name of New Registered Agent:	Gregory	Seller S aiCa Ave Enter Florida street address L, Florida	
New Registered Office Address:	1026 Jam	aica Ave	
	Fort Pier	Florida	34982
	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.

Gre pry Sillers
If Changing Hegistered 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>	<u>Address</u>	Type of Action
Amba	Felicia Mass	1026 Jamenea Ave	[XAdd
		1026 Jamaica Ave Fort Pierce FL 34982	□Remove
			□Add
			🗆 Remove
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or manual of the line of line of line of the line of li	
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. and is filed.	on the earlier of: (b) The 90th day after the
Dated Jime 17th . 2022. Cherry Silles Signature of a member or authorized representative Gregory Sellers Typed or printed name of signee	
10 111-	
Courses Julio	
Signature of a member or authorized representative	of a member

Filing Fee: \$25.00