121000177463

(Re	questor's Name)	
(Ad	dress)	-
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
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11/05/21--01020--003 **25.00

21 KGV -5 PH 4: 33

T. MATTHEWS NOV 15 2021

COVER LETTER

TO: Registration Se Division of Co		•	
	VESTMENT LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ALAIN SELVA		
		Name of Person	
	SELVA INVESTMENT L	LC	
		Firm/Company	
	791 W BECKLEY SQ		
		Address	
	DAVIE FL 33325		
		City/State and Zip Code	
		to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
ALAIN SELVA		239 3702414 at ()	
Name o	of Person	Area Code Daytir	ne 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)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration S	ection
Division of Corporations		Division of Corporations	
P.O. Box 63. Tallahassee,		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 KGT -5 PH 4: 33

SELVA INVESTMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Lumited Liability	· · · · · · · · · · · · · · · · · · ·	and assigned
Florida document number L21000177463	·	
This amendment is submitted to amend the following	:	
A. If amending name, <u>enter the new name of the l</u>	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited 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 AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BON)		
B. If amending the registered agent and/or registe agent and/or the new registered office address her		ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		Florida
	City	, Florida 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:

or removed	<u>l from our records</u> :	•	
MGR = N AMBR = A	lanager Authorized Member	Address 21 HSV -5 PH 4: 35	<u>}</u>
<u>Title</u>	<u>Name</u>	Address 21 HOV -5	Type of Action
AMBR	ALAIN SELVA	791 W BECKLEY SQ	Add
		DAVIE FL 33325	□Remove
		15125 SW 48 TERRACE UNIT F9	□Change
AMBR CESAR SELVA	CESAR SELVA	MIAMI FL 33185	Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 🗆 Add
			□Remove
			□Change

	e PH	h: 33
	nending any other information, enter change(s) here: (Attach additional sheets, if necessary, 21 History - 5 PH	
•		
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•		
		
,		
		
		
	11/02/2021	
Effect	ctive date, if other than the date of filing: [11/02/202] (optional) effective date is listed, the date must be specific and capput be prior to date of filing or more than 90 days after filing 1/2	
	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) 11 the date inserted in this block does not meet the applicable statutory filing requirements, this date w	Pursuant to 605,0207 (3) vill not be listed as the
	unent's effective date on the Department of State's records.	
e reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	90th day after the
rd is f	filed.	
Dated	d	
	$\Theta \Phi A$	
	Signature of a member of adiharded representative of a member	
	ALAIN SELVA	

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Filing Fee: \$25.00