LZ1000264956

(Requestor's Name)	
(Address)	800368245
(Address) (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	06/21/2101021 - -0
(Document Number)	
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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO: Regis Divis	tration Section of Corp	ction porations					
SUBJECT:	ELBY OF	FLORIDA LLC					
3003ECT	<u> </u>	Name of Li	mited Liability Company	y			
		Amendment and fee(s) are sundence concerning this matte					
		MONICA USCATEGUI					
			Name of Person	1			
		GREENLIGHT FINANC	TAL LLC				
			Firm/Company				
		7480 BIRD ROAD, SUIT	TE 810				
			Address				
		MIAMI, FL 33155					
			City/State and Zip Co	ode			
		MUSCATEGUI@GREEN					
For further infor	mantica com		(to be used for future ann	ual report notification	n)		
MONICA USC		cerning this matter, please c		860-5970		Ĭ./i	.3
	Name of P	erson	at () Area Code	Daytime Telep	phone Number	75 27	•
Enclosed is a che	eck for the	following amount:				Ď,	; ;
■ \$25.00 Filing Fee S30.00 Filing Fee & Certificate of Status		☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee &			∓ Fβ⊗ of Status &	الله على الله الله الله الله الله الله الله ال	
Registr	Address: ration Secon of Corp		Regis	Address: stration Section	(ADC		

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SELBY OF FLORIDA LLC

(Name of the Limited Liabit (A Florid	lity Company as it now appears o la Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability (Company were filed on 06/08/	/2021	and assigned
Florida document number L21000264956			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:	:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the desig	nation "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADDR	n raa		_
			<u>-</u> _
Enter new mailing address, if applicable:			-77
(Mailing address MAY BE A POST OFFICE BOX)	-	70	···
D. If omending the state of the		2: 2	••
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our recor		f the new registered
and office address here.		<u> </u>	. –
Name of New Registered Agent:		1: 2	
			
New Registered Office Address:			
	Enter Florida si	treet address	
	City	Florida	
New Registered Agent's Signature, if changing Registered			Zip Code
			
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and con accept the obligations of my position as registered ago being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my o ent as provided for in Chan	duties, and I am fam.	iliar with and

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	SELBY OF DELAWARE LLC	7480 SW 40 ST #810	□Add
		MIAMI, FL 33155	Remove
			🗆 Change
AMBR	SUPER HOLDING USA INC	14 PENNSYLVANIA PLAZA #1800	= Add
		NEW YORK, NY 10122	□Remove
			□Change
			□Add
			□Remove
			<u>3</u> □Change
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		26	□ Change
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an effective date is listed, the date m	ust be specific a	and cannot be pr	rior to date o	f filing or mor	a than OA da.			nt to 605,02
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ecord specifies a delayed effecti	ive date, but n	ot an effective	e time, at 1	2:01 a.m. on	the earlier	of: (b) = 1	The 90th d	av after th
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Typed or printed name of signee