L21000364069

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
<u> </u>	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer:

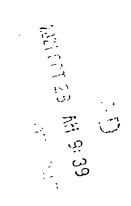
Office Use Only

A. RIVERS NOV 0 8 2021



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COVER LETTER

TO: Registration Sec Division of Corp		•	
SUBJECT:	· Stree Str. Name of Limit	enity Studio L	ic.
The enclosed Articles of :	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	<u> Kussi</u>	Name of Person	
	Setence	Screnity Studi	o uc
	1564th St	Unit 1470 Address	
	Lake Ma		
	E-mall address: (t	o be used for future annual report notifi	Ceation)
For further information co	oncerning this matter, please ca	ıll:	
Lassicu Name o	htten Person	at (<u>407</u>) <u>221 - 2</u> Area Code Daytime	2.794 Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	\$\forall \text{S30.00 Filing Fee & Certificate of Status}	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
Mailing Addres	<u>s:</u>	Street Address:	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Selene Sevenity (Name of the Limited Liability Companies) (A Florida Limited Li	SPA LLC (y as it now appears on our records.) (ability Company)
The Articles of Organization for this Limited Liability Company volument number <u>L 21000364069</u> .	were filed on $\frac{8/13/21}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
Selone Surenity Sturbe new name must be distinguishable and contain the words "Limited Liabili	clio UC
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	156 N 4th SE
Principal office address MUST BE A STREET ADDRESS)	unit 1470
	Lake Mary, FL 32746
Enter new mailing address, if applicable:	156 N 4th SE
Mailing address MAY BE A POST OFFICE BOX)	<u>unit 1476</u>
	Lake Mary, FL 32746
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
15.	at with shoot of
Name of New Registered Agent: 150	N 4th Street
New Registered Office Address:	Unit 1470 Enter Florida street address
Laxe	Mary Florida FL 32373
New Registered Agent's Signature, if changing Registered Agent:	City Zip Codes, W

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 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
MGR	Kassic Whitten	156 N 4th Street	X Add
			□Remove
			□Change
			□Add
		-	= GRemove
			□ Change
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
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(If an eff <u>Note:</u>	ve date, if other than the date of filing:
the recor	d 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 ed.
Dated	October 26 2021.
	Signature of a member of authorized representative of a member
	Typed of printed name of signee