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COVER LETTER

SFL MAR SUBJECT:	RKETING GROUP, LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jodi Ronen		
		Name of Person	
	jg consulting services lle		
		Firm/Company	
	5481 Wiles Rd, Ste 502,		
		Address	
	COCONUT CREEK, FL	33073	
		City/State and Zip Code	
	JODI@ACCU-TAX.TAX		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Jodi Ronen		954 449-9709	
Name (of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

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**

FILED

SEL MARKETING GROUP, LLC

2822 JUL 15 PM 5: 03

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our record Liability Company) (A.1)	<u>s.</u>) 1
The Articles of Organization for this Limited Liability Company		• •
	were med on	and assigned
Florida document number 1.21000430702		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
		· • • • • • • • • • • • • • • • • • • •
Enter new mailing address, if applicable:		- •
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a	address on our records, <u>enter</u>	the name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres:	- ·
	Enter Florida street addres:	•
		orida Zip Code

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

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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
MGRM	HEM MIZRAHI — HEM-MIZCAHI	2634 NW 4TH ST	□Add
		FORT LAUDERDALE, FL 33311	■Remove
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ffective date, if other than to an effective date is listed, the date ote: If the date inserted in this ocument's effective date on the	block does not m	icct the applicab	date of filing or mor le statutory filing	(option than 90 days after frequirements, this	nal) Hing.) Pursuant to 605,020 date will not be listed a
record specifies a delayed effect is filed.	tive date, but not :	an effective time	c, at 12:01 a.m. on	the earlier of: (b)	The 90th day after th
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