## LZ1000492905

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## **COVER LETTER**

TO:

Registration Section

Division	of Corp	orations	•		
SEL	AH 811	LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed Arti	icles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all c	orrespon	dence concerning this matter	to the following:		
		Michael Hagen			
			Name of Person		•
		Hagen Law Firm			
			Firm/Company		
		5290 Summerlin Common	s Way Ste 1003		a3
Address					
		Fort Myers FL 33907			
		-	City/State and Zip Code		. JA
		info@mikehagen.com			1.
		E-mail address: (	to be used for future annual report notif	fication)	ි. ජ ග
For further inform	nation cor	ncerning this matter, please co	all:		ය T
Michael Hagen			239 275-0808 at ()		
-	Name of I	Person		e Telephone Number	
Enclosed is a chec	ck for the	following amount:			
<b>■</b> \$25.00 Filing	; Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Registr Divisio P.O. Bo	ox 6327	ection rporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations 'allahassee c Street, Suite 8	10

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SELAH 811, LLC					
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number L21000492905	were filed on 11/16/2021 and assigned				
his 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 Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	5290 SUMMERLIN COMMONS WAY STE 1003				
(Principal office address MUST BE A STREET ADDRESS)	FORT MYERS FL 33907				
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE BOX)	5				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new regist				
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·				
New Registered Office Address:	Enter Florida street address				
	Enter 1 to rota street data ress				

## 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.

City

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	BIRD, SUSAN	4200 SILVER SWORD CT	□ Add
		NORTH FT. MYERS FL 33903	\exists Remove
			Change
AMBR	CECILIA M. PEDEN	5290 SUMMERLIN COMMONS WAY STE 1003	<b>=</b> Add
		FORT MYERS FL 33907	□Remove
			□Change
			□Add
			□Remove
			<del></del>
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ffective date, if other than th an effective date is listed, the date m	ust be specific	and cannot be p	rior to date of	filing or more	han 90 days af	<b>tional)</b> ter filing.) Po	arsuant to 60;	5.0207
lote: If the date inserted in this becoment's effective date on the l				atory filing re	quirements, t	his date wi	ll not be list	ted as
	·							
record specifies a delayed effecti Lis filed.	ive date, but i	not an effectiv	re time, at 13	2:01 a.m. on t	he earlier of:	(b) The 9	0th day afte	er the
JUNE 1		2023		1				
	- A	-, <del>-/</del>	<u> </u>	· /				
	1/1/	Transfer !	1 +	Homa				

Typed or printed name of signee