

W22000108395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

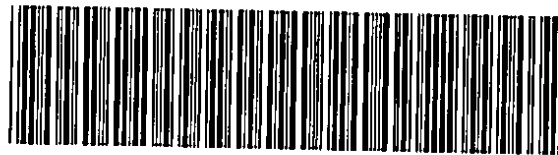
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05/10/22--01007--012 **25.00

MAY 10 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SELAH GROUP LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALDO F TROMBETTA

Name of Person

SELAH GROUP LLC

Firm/Company

11828 SW LYRA DRIVE

Address

PORT ST LUCIE, FL 34987

City/State and Zip Code

enid@carlosramirezea.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALDO F TROMBETTA

772 380-0610
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

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

MAY 10 AM 9:21

SELAH GROUP LLC

SECRETARY OF STATE
TALLAHASSEE, FL

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

The Articles of Organization for this Limited Liability Company were filed on 03/02/2022 and assigned
Florida document number L22000108395.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ALDO F TROMBETTA

New Registered Office Address:

11828 SW LYRA DRIVE

Enter Florida street address

PORT ST LUCIE

City

, Florida 34987

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.

Aldo F Trombetta

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	NOEMI GARCIA PAREDES	11828 SW LYRA DRIVE	<input type="checkbox"/> Add
		PORT ST LUCIE, FL 34987	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NOEMI GARCIA	11828 SW LYRA DRIVE	<input checked="" type="checkbox"/> Add
		PORT ST LUCIE, FL 34987	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALDO F TROMBETTA CAMARCO	11828 SW LYRA DRIVE	<input type="checkbox"/> Add
		PORT ST LUCIE, FL 34987	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALDO F TROMBETTA	11828 SW LYRA DRIVE	<input checked="" type="checkbox"/> Add
		PORT ST LUCIE, FL 34987	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Article III: The name is Aldo F. Trombetta

Article IV: The name of person authorized:

- Aldo F. Trombetta

- Noemi Garcia

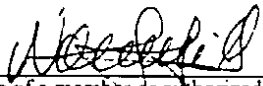
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated May 06, 2022.



Signature of a member or authorized representative of a member

Aldo F Trombetta

Typed or printed name of signee

Filing Fee: \$25.00