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(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(essences 2 mm, manne)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

TO:

TO: Registration S Division of Co	Section orporations	·	•
•	* SELHO	LDINGS, LLC	
SUBJECT:		ited Liability Company	- -
	f Amendment and fee(s) are sub	· ·	
Tease return all corresp	ondence concerning this matter	to the following:	
		Sean Lyles	
		Name of Person	
		Firm/Company	
	12	71 Shakespeare Place #103	3
		Address	
		Celebration, FL 34747 City/State and Zip Code	
		seanlyles@gmail.com	
	E-mail address: (to be used for future annual report not	tification)
For further information	concerning this matter, please c	all:	
Sean Name	E. Lyles of Person		-6153 ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	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 (additional copy is enclosed)
Mailing Addre		Street Address:	
Registration Section Division of Corporations		Registration Sc Division of Co	
P.O. Box 6327		The Centre of	Tallahassee
Tallahassee, FL 32314		2415 N. Monre Tallahassee, FI	be Street, Suite 810 L 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
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		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Change

-		
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If an effective date Note: If the date		citic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 as not meet the applicable statutory filing requirements, this date will not be listed as
e record specifiered is filed.	s a delayed effective date, bi	but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	May 9th	2022
	Signature	re of a member or authorized representative of a member
	<u> </u>	•