

L22000487357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

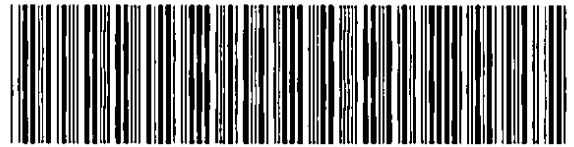
(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Seluy Management, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Azza Halim

Name of Person

AzzaMD

Firm/Company

3700 S. Ocean Blvd #808

Address

Highland Beach, Fla 33487

City/State and Zip Code

azhalim428@gmail.com

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

For further information concerning this matter, please call:

Azza Halim

561

901-5039

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

ATTACHMENT 1
FLORIDA ARTICLES OF CORRECTION
SELUY MANAGEMENT, LLC

The document to be corrected contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Incorrect Statement

The name and address of the person(s) authorized to manage LLC:

Title: MGR
Matthew Koucky
15124 Wildflower Cir
Naples, Florida 34119

Title: MGR
Azza Halim
15124 Wildflower Cir
Naples, Florida 34119

Reason Statement is Incorrect

- * The identified manager, Azza Halim, did not consent to be a manager of the LLC or being named on the Articles of Incorporation.

Corrected Statement

The name and address of the person(s) authorized to manage LLC:

Title: MGR
Matthew Koucky
15124 Wildflower Cir
Naples, Florida 34119

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: Seluy Management, LLC

SECOND: The Florida Document number of the limited liability company is: 1.22000487357

THIRD: Document to be corrected is: Articles of Organization

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

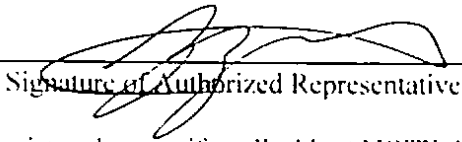
Please see the attached Attachment 1.

OR

- ☒ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

- ☒ The electronic transmission of the record was defective.

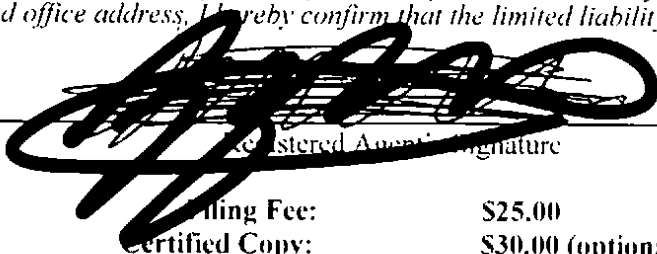

Signature of Authorized Representative

8/8/2023
Date

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.


Registered Agent's Signature

N/A

Filing Fee:
Certified Copy:

\$25.00
\$30.00 (optional)