L23000023102

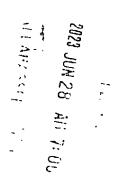
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sold with Selina 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:	
Selina Culbreth Name of Person	
Sold with Selina LLC- Pres Firm/Company	
r min company	
4425 NE 14075 CT	
4425 NE 140±5 C+ Address	
Williston, FL 32696 City/State and Zip Code	
Soldwith Selina Egmail. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
C.1 0 11 11 11 11 11 11 11 11 11 11 11 11	
Selina Culbreth at (352) 727-0078 Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytine Person Name	
Enclosed is a check for the following amount:	
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✓ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Street Address: Registration Section Registration Section	
Registration Section Registration Section Division of Corporations Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee	
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810	
Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Sold with Seli	ina LLC 2023 JUN 28 AH 61 UU
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company) ALLA HACCE A
The Articles of Organization for this Limited Liability Company	
Florida document number <u>L23000023102</u> .	
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 Liabit	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)	
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 agent and/or the new registered office address here:	iddress on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
·	City Zin 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.

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
AMBR	Selina Culbreth	4425 NE 14046 C+ Willi Ston, FL 32696	ID Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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ffective date, if other an effective date is listed lote: If the date insert ocument's effective d	the date must be speci- ed in this block does	fic and cannot be prior not meet the application	to date of filing or mor able statutory filing	e than 90 days after fil	al) ing.) Pursuant to 605.0207 ate will not be listed as
record specifies a dela l is filed.	iyed effective date. bi	ut not an effective ti	me, at 12:01 a.m. or	the earlier of: (b)	The 90th day after the
nated Mary	26	_, 2023	<u>3</u> .		
	Slignature	e of a member or author	orized representative o	f a member	
	Selin	a Culb	retto ed name of signee		

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Filing Fee: \$25.00