# L23000489324





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12/01/23--01025--010 \*\*25.00

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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: <u>SELECT</u>	IONHOLDINGS, LLC Name of Lim	ited Liability Company	
		• •	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	00	ata Maintananaa Las	a d
	Corpor	ate Maintenance Lea	<u> </u>
	Proc	essing Department	
		Firm:Company	- 3
	1	450 Vassar St	. 2
		Address	·
		Reno, NV 89502	
		City State and Zip Code	
	E-mail address: (	to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please c	all:	
Process	ing Department	at ( 800 ) 638-2320	
	f Person	at (800 ) 638-2320 Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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)
Registr Divisic P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Ceru Tallahassee, FL 323	i itions mer Circle

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	CTIONHOLDINGS, LLC	
(Name of the Limited Liab (A Flori	ility Company as it now appears on our recorda Limited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Florida document number <u>L23000489324</u>	Company were filed on 10/26/23	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
he new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		• • •
Principal office address MUST BE A STREET ADI	ORESS)	<b>( )</b>
		1
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		<del>:</del>
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		ls, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	'AV
		lorida Zip Code
	Cny	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.

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 =	<b>Authorized Member</b>	

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Michael Fiore	3102 Se_12Th_St	🖸 Add
		Pompano Beach, FL 33062	Remove
			☐ Change
			Remove
			☐ Change
			<b>ƌ</b> d
			Remove
			□ Change
			Add
			Remove
			Change
			□ Add
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	fother than th			date of filing or me	ire than 90 days aff	tional) (cr filing ) Purs	uunt to 605 0
<u>ote:</u> If the date ocument is effe	sested in this to ve date on the l	dock does not n Department of S	neet the applicab itate's records	le stanitory filing	grequirements, th	his date will r	iot be listed
e record spec	ifies a delaye	a effective a	iate, but not	an effective t	me, at 12:01	a.m. on t	he earlier
Thii 90th dai	v after the re	cora is filea.	/	7			
us Nas	rember	ನಿನ	205X				
neg <u>177</u> €77	\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.	11		. •			
			ha Track	า 			
		Signature of In	nemerous auditori	red representative	or a inemper		
		//	John Gre	agagiou			

Page 3 of 3

Filing Fee: \$25.00

# **COVER LETTER**

	gistration Se vision of Cor				
SUBJECT	SELECT	IONHOLDINGS, LLC			
		Name of Lim	ited Liability Company		
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspo	ondence concerning this matter	to the following:		
		Corpor	ate Maintenance Le	ad	
		·	Name of Person		
		Proc	essing Department		
			Firm/Company		
		1	450 Vassar St		
			Address		- <u>?</u>
			Reno, NV 89502		, -
			City State and Zip Code		١
		E-mail address; (	to be used for future annual report noti	ication)	. •
For further	information c	oncerning this matter, please ca			
	Process	ing Department	at (800 ) 638-2320		(ب
	Name o	f Person	Area Code Daytime	Telephone Number	-
Enclosed is	a check for the	se following amount:			
☑ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fe Certificate of \$ Certified Copy (additional copy is	tatus &
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### SELECTIONHOLDINGS, LLC

(A Flori	ida Limited Liability Coi	npany)	(us.)	
ne Articles of Organization for this Limited Liability	Company were filed	1 on 10/26/23	and assigned	ĺ
orida document number L23000489324	·			
nis amendment is submitted to amend the following:				
If amending name, enter the new name of the lin	mited liability comp	oanv here:		
e new name must be distinguishable and contain the words "Li	imited Liability Compan	y." the designation "LL	.C" or the abbreviation "L.L.C."	
nter new principal offices address, if applicable:				
rincipal office address MUST BE A STREET ADL	<u>DRESS)</u>		~.2	
		<del> </del>		
			1	
nter new mailing address, if applicable:		•		
<u> Iailing address MAY BE A POST OFFICE BOX)</u>				_
			ψ	
If amending the registered agent and/or reg gistered agent and/or the new registered office ad		ress on our recor	ds, enter the name of th	e ne
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address.	E	nter Florida street addr	255	
		. 1-	·lorida	
	Ciţy	, •	Zip Code	
ew Registered Agent's Signature, if changing Register	red Agent:		FloridaZip Code	

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. Thereby 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, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
MGR	Michael Fiore	3102 Se 12Th St	
		Pompano Beach, FL 33062	Remove
			Change
			☐ Remove
		<del> </del>	☐ Change
			`; Add
			↑. Remove
			☐ Change
		····	 □ Add
			□ Remove
			Change
			Remove
			Change
			Remove
			Change

· <del></del>	
	:
N/A	
ffective date, if other than the date of filing: N/A an effect of date and the date must be specific and cannot be prior to date of	(optional) (filing or more than 90 days after filing ) Pursuant to 605.0
<u>sote:</u> If the fate inserted in this block does not meet the applicable state ocument's error associate on the Department of State's records.	tutory filing requirements, this date will not be listed
The second of the preparation of the second	
e resurd opecifies a delayed effective date, but not an ef	fective time, at 12:01 a.m. on the earlier
The 90th day after the record is filed.	
and November 22, 2008.	
11/1	
Signature of free or approved reg	resentative of a member
// John Gregori	ou

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Filing Fee: 825.00