

L24 000014292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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2024 FEB 27 PM 3:30
STATE
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Select Services USA, 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:

Nicol Winnefeld

Name of Person

Select Services USA, LLC

Firm/Company

3068 Cassidy Ln

Address

Haines City Florida 33844

City/State and Zip Code

SelectServices.USA@outlook.com

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

For further information concerning this matter, please call:

Nicol Winnefeld

Name of Person

754

at ()

Area Code

368-5578

Daytime Telephone Number

Enclosed is a check for the 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 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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Select Services USA, LLC

(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 01/05/2024 and assigned
Florida document number L24000014292.

This amendment is submitted to amend the following:

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

n/a

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

1407 Sussex Dr, North Lauderdale 33068

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

1407 Sussex Dr, North Lauderdale 33068

(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:

n/a

New Registered Office Address:

n/a

Enter Florida street address

n/a

Florida n/a

City

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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Nicol Winnefeld	1407 Sussex Dr, North Lauderdale 33068	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Celine Edouard	1407 Sussex Dr, North Lauderdale 33068	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Nicol Winnefeld	1407 Sussex Dr, North Lauderdale 33068	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Celine Edouard	1407 Sussex Dr, North Lauderdale 33068	<input checked="" type="checkbox"/> Add
			<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.)*

Please, I want both Nicol Winnefeld and Celine Edouard to be the registered agents and also the authorized

persons in the LLC. In addition, I also wish the only physical and mailing address to be:

1407 Sussex Drive, North Lauderdale 33068. Should any address other than the above

appear, please delete in its entirety. Thank you

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CLERK OF COURT
STATE OF FLORIDA

E. Effective date, if other than the date of filing: 02/22/2024 **(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 February 22th, 2024



Signature of a member or authorized representative of a member

Nicol Winnefeld

Typed or printed name of signer