

L24000080380

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2024 DEC -6 PH 12: 27
SECRETARY OF STATE
TALLAHASSEF STATE

COVER LETTER

TO:

Registration Section

Division of Cor	porations		
SELLEROI	KELC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter		
r jease return an correspo	indence concerning this matter	to the tonowing.	
	ANNA KLEPATSKAYA		
		Name of Person	
	SELLEROK LLC		
		Firm/Company	
	584 SE 33RD TERRACE		
		Address	
	Homestead, FL 33033		
	······································	City/State and Zip Code	
	anya.mia004@gmail.com	to be used for luture annual report in	
			otheanon)
For further information c	oncerning this matter, please c	all:	
ANNA KLEPATSKAYA	١	+1 786-685-8	8850
Name o	f Person	at () Area Code Days	time Telephone Number
Enclosed is a check for the	he 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)
<u>Mailing Addres</u> Registration 9		<u>Street Address:</u> Registration S	
Division of C		Division of C	
P.O. Box 632	.7	The Centre of	f Tallahassee
Tallahassee.	FL 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number 1.24000080380 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviate the new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	
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Enter new mailing address, if applicable:	
Enter new mailing address, if applicable:	3
Mailing address MAY BE A POST OFFICE BOX)	
のでする。 現場では、 B. If amending the registered agent and/or registered office address on our records, enter the name of the gent and/or the new registered office address here:	he new regist
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
Emer Fronda Mreet duaress	
, Florida, 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 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

Title	<u>Name</u>	Address	Type of Action
AMBR	GVOZDEV LLC	1995 E OAKLAND PARK BLVDD STE 350	
		FORT LAUDERDALE, FL. 33306 US	■ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
		- 	□Change
			□Add
			□Remove
			□Change
	····		□ Add
			□Remove
			□Change

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Signature of a member or authorized representative of a member	November 13	2024	.•		
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Filing Fee: \$25.00