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COVER LETTER

	egistration Se ivision of Cor			
SHELECT		Software LLC		
SUBJECT	·	Name of Lin	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	m all correspo	endence concerning this matter	to the following:	
		Tomas Hladnik		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		PalmState Software LLC		
			Firm/Company	
		4855 Bliss Rd		
			Address	
		Sarasota, Florida, 34233		
			City/State and Zip Code	 .
		thladnikprivate@gmail.com	· · · · · · · · · · · · · · · · · · ·	~ · ·
		E-mail address: (to be used for future annual report notification)	
For further	information c	oncerning this matter, please c	ail:	
Tomas Hla	adnik		850 2523939 at ()	., -,
	Name o	f Person	Area Code Daytime Telephone	Number
Enclosed is	s a check for th	ne following amount:		
≣ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
	ailing Addres		Street Address: Pagistration Section	
Registration Section Division of Corporations			Registration Section Division of Corporations	
	O. Box 632		The Centre of Tallahasse	e
T	allahassee, I	FL 32314	2415 N. Monroe Street, S	Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Con (A Florida Limited)	n pany <u>as it now appears on o</u> ed Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Compa 1.24000167818 Plorida document number 1.240001678181.1	ny were filed on 04/09/20	024	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designa	ation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			:
Principal office address MUST BE A STREET ADDRESS			
The second secon			
			٠,١
2			===
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			- 5:
			
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our record	ds, <u>enter the name</u>	of the new regis
Name of New Registered Agent:	.		
New Registered Office Address:	Enter Florida sti	reet address	
		F1 2.4.	
	City	, 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Tomas Hladnik	4855 bliss rd, Sarasota, Florida, 34233	≣Add
			Remove
			Change
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ective date, if other than the date of filing:			(optio	ıal)	
ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be p te: If the date inserted in this block does not meet the app	prior to date of t	filing or more the	an 90 days after ti	ling.) date v	Pursuant to 605.02
cument's effective date on the Department of State's recor	rds.				
poard anguition a dalayard officering data. has not a second of the		01	P 645	779	20.1 1 6 1
ecord specifies a delayed effective date, but not an effective stiled.	ve time, at 12.	OF a.m. on th	e earlier of: (b)	ine	90th day after ti
. 04/29/2024 in Saras	vota				
ted 04/29/2024 in Sarase	·				
Trong Al V	ali . O	2			
Signature of a member or a		_			

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