

M230000148

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : CAPITOL SERVICES, INC.  
ACCOUNT NUMBER : 12010000001/  
Phone : (855)498-5500  
Fax Number : (800)432-3622

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SEL LANDSCAPING, LLC

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2023

2023 FEB - 7 PM 2:53

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FEB 03 2023

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SEL Landscaping LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Matthew Hickman  
Name of Person

SEL Landscaping LLC  
Firm/Company

P.O. Box 292827  
Address

Davie FL 33329-2827  
City/State and Zip Code

mhickman@southeastlandscaping.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew Hickman at ( 917 ) 331 3154  
Name of Person Area Code & Daytime Telephone Number

**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

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: SEL Landscaping LLC

Enter new principal office 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)*

P.O. Box 292827

Davie FL 33329-2827

2. The Florida document number of this limited liability company is: M23000000148

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: January 4th 2023

## SECTION II (3-9 complete only the applicable changes)

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: Capitol Corporate Services Inc.

New Registered Office Address: 515 E Park Ave. Floor 2

*Enter Florida Street Address*

Tallahassee

*City*

Florida 32301

*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.*

*Taylor Seay*

Taylor Seay, Asst. Sec. on behalf  
of Capitol Corporate Services, Inc.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:


\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

Title/ Capacity	Name	Address	Type of Action
Controller	Matthew Hickman	P.O. Box 292827, Davie FL 33329-2827	<input checked="" type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative

**FEDERICO MERLE**  
\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

**WRITTEN CONSENT**  
**OF THE**  
**SOLE MEMBER**  
**OF**  
**SEL LANDSCAPING, LLC**

February 1, 2023

The undersigned, being the sole member (the "Sole Member") of SEL Landscaping, LLC., a limited liability company duly organized and existing under the laws of the State of Delaware (the "Company"), does hereby consent, pursuant to the Delaware Revised Uniform Company Act and the Company's Operating Agreement, to the adoption of, and hereby approves, confirms and ratifies, the following:

**Appointment of Authorized Person on SUNBIZ**

NOW, THEREFORE, BE IT RESOLVED, the Sole Member of the Company hereby appoints Matthew Hickman to serve as the Authorized Person of the Company until his successor has been elected or appointed and qualified, or until his earlier death, resignation or removal by the Sole Member.

and be it;

FURTHER RESOLVED, the Sole Member hereby delegates to the Authorized Person the power and authority to represent, act for, sign for and bind the Company, and to execute any and all documents and instruments by and on behalf of the Company, subject to (i) any further resolutions, certificates, or declarations by the Sole Member limiting such powers and (ii) the supervision and control of the Sole Member and any senior officer of the Company as may be appointed from time to time. The foregoing delegation of authority may be revoked by the Sole Member at any time and without notice.

**SOLE MEMBER:**

Constellation Holding Company, LLC., a Delaware Corporation

By:   
Name: Federico Merle  
Title: Manager