

L20000350937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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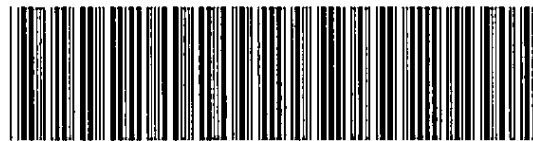
(Business Entity Name)

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TALLAHASSEE, FL

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5/2/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Closing Deals in Heals Realty 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:

TAMARA M. ELLIOTT
Name of Person

Firm/Company

2431 Dosoto Drive
Address

Miramar Fl. 33023
City/State and Zip Code

telliottrealtor@gmail.com
E-mail address: (to be used for future annual report notification)

STATE OF FLORIDA
TALLAHASSEE, FL

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For further information concerning this matter, please call:

Tamara Elliott at (954) 806-3900
Name of Person Area Code 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

Closing Deals In Heals Realty LLC

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>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
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		_____	☐ Change

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SHERIFF'S OFFICE OF STATE
PALM BEACH, FL

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CLERK OF DISTRICT COURT
TALLAHASSEE FL

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.

Dated 3/07, 2021

Signature of a member of _____

Signature of a member or authorized representative of a member

AMARA M- ELLIOT

Typed or printed name of signee