

L25000264223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

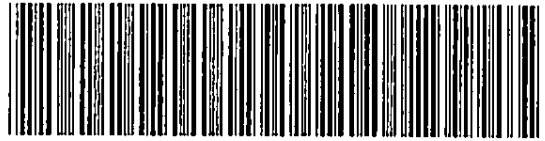
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Seilerhaverealty L.L.C
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:

Omaiva B Seiler
Name of Person

Firm/Company

3820 Becontree PL
Address

Oviedo, FL 32765
City/State and Zip Code

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

For further information concerning this matter, please call:

Omaiva B Seiler at (504) 388-3320
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

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

(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 06-04-2025 and assigned
Florida document number L25000764223.

This amendment is submitted to amend the following:

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

Omairab Seiler

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:

(Principal office address MUST BE A STREET ADDRESS)

3820 Becontree PL
Oviedo, FL 32765

Enter new mailing address, if applicable:

(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:

Omairab Seiler

New Registered Office Address:

3820 Becontree PL

Enter Florida street address

Oviedo

City

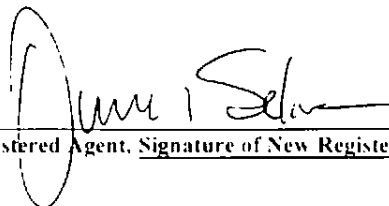
Florida

32765

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

[illegible]

10/10/21

21 20

(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.

Dated _____, _____


of a member or authorized representative of a

Signature of a member or authorized representative of a member

Omaira B. Seiler
Typed or printed name of signee

Typed or printed name of signee

Omaira Seiler Bezabet
3820 Becontree PL
Oviedo, FL 32765
504-388-3320
delisleoma@icloud.com

Subject: Request to change Name on Record

Dear Sir or Madam,

I am writing to formally request a change to the name and initially submitted a request to operate under the business name **SeilerhausRealty LLC**, L25000264223 but I have since learned that I am only permitted to operate under my legal name as a licensed sales associate in the state of Florida.

Therefore, I respectfully request that my records be updated to reflect my personal legal name, **Omaira Seiler Bezabet**, in compliance with the regulations governing licensed real estate professionals.

Please cancel or disregard the previous name change request for **SeilerhausRealty LLC**, and update your records accordingly.

If any additional forms or documentation are needed to complete this request, I am happy to provide them promptly.

Thank you for your attention to this matter.

Sincerely,

Omaira Seiler Bezabet
Florida Real Estate Sales Associate
License No. SL3604996

State of Florida

Department of State

I certify from the records of this office that SEILERHAUSREALTY.L.L.C., is a limited liability company organized under the laws of the State of Florida, filed electronically on June 05, 2025, effective June 04, 2025.

The document number of this company is L25000264223.

I further certify that said company has paid all fees due this office through December 31, 2025, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 250616092056-600452114186#1

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Sixteenth day of June, 2025