

L14000084326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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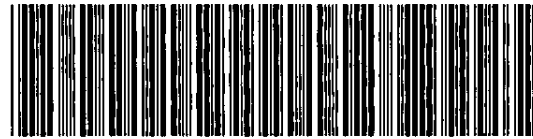
(Business Entity Name)

(Document Number)

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J. Stivers JUN 10 2014

DEPT. OF TREASURY
FALL BRANCH OFFICE
TALLAHASSEE, FLORIDA

14 JUN -4 PM 3:40

2014 JUN 10 11:11

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Heart of Palm Beach Realty Associates 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:

Gale Ann Nelson

Name of Person

Heart of Palm Beach Realty Associates LLC

Firm/Company

16935 W. Duran Blvd.

Address

Loxahatchee Fl. 33470

City/State and Zip Code

galenelsonga@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gale Ann Nelson

Name of Person

at

229 740-0400

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	Gale Ann Nelson	16935 W. Duran Blvd.	☒ Add
		Loxahatchee Fl. 33470	☐ Remove
			☐ Add
			☐ Remove
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			☐ Remove
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			☐ Add
			☐ Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Add Federal EIN number

46-5746030

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 28, 2014



Signature of a member or authorized representative of a member

Gale Ann Nelson

Typed or printed name of signee

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Filing Fee: \$25.00

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