

15000101986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

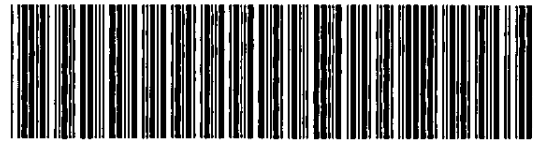
(Business Entity Name)

(Document Number)

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17 JUN 27 AM 7:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 29 2017

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEATHER ROSE REAL ESTATE HOLDINGS, 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:

ANDREW PETRONE

Name of Person

HEATHER ROSE IRREVOCABLE TRUST

Firm/Company

725 MILLER AVE APT 218

Address

FREEPORT NY 11520

City/State and Zip Code

heatherrose realestate@gmail.com

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

For further information concerning this matter, please call:

ANDREW PETRONE

Name of Person

at (516)

Area Code

272-6801

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

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

HEATHER ROSE REAL ESTATE HOLDINGS, LLC
(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 JUNE 9, 2015 and assigned Florida document number 215000101986.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

725 MILLER AVENUE APT 218

FREEDPORT NY 11520

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

725 MILLER AVENUE APT. 218

FREEDPORT NY 11520

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:

RACHEL DREHER, ESQ

New Registered Office Address:

7884 MANOR FOREST LANE

Enter Florida street address

BOYNTON BEACH

City

Florida

33436
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

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>
AMBR	THE HEATHER ROSE IRREVOCABLE TRUST	725 MILLER AVE APT 218 FREEPORT NY 11520	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANDREW PETRONE	725 MILLER AVE. APT. 218 FREEPORT NY 11520	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FAUST PETRONE		<input type="checkbox"/> Add
		206 NARRAGANSETT VILLAS DRIVE LINDENHURST NY 1	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

[illegible]

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

ANDREW PETRONÉ
Typed or printed name of signee

17 JUN 27 AM 7:41
SECRETARY OF STATE
WASHINGTON, D.C.
FALMAYST, FLORIDA