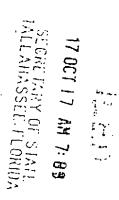


((Requestor's Name)
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·	,
((Address)
	(City/State/Zip/Phone #)
. PICK-UP	WAIT MAIL
, ((Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
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COVER LETTER

	tion Section of Corporations
SUBJECT:	Heirloom Real Estate LLC Name of Limited Liability Company
The enclosed Artic	cles of Amendment and fee(s) are submitted for filing.
Please return all co	orrespondence concerning this matter to the following:
	Elizabeth A. Downes
	Heirloom Real Estate LLC
	851 N. Ponnelly Street
-	Wount Pora FL 32757 Cip/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further informa	ation concerning this matter, please call:
Eliza	Name of Person at (352) 223 · 9324 Area Code Daytime Telephone Number
i	Name of Person Area Code Daytime Telephone Number
Enclosed is a check	k for the following amount:
□ \$25.00 Filing I	

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

Heirloom Real	Estate, 110.
(Name of the Limited Liability Compan (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w	vere filed on
Florida document number 10000218276.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity 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)	
•	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ee address on our records, enter the name of the new
Name of New Registered Agent: E/12 ac	beth A. Downess
New Registered Office Address: if & m a	Lins the same ST Time
	Enter Florida street address C Florida C Flori
iou Pagistared Aments Communication	City ZipSode ·
iew Registered Agent's Signature, if changing Registered Agents	25

N

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 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>	Address	Type of Action
MGR	Elizabeth A. Downes	851 N. Donnelly St	<u>cet</u> □ Add
		851 N. Ponnelly St. Mount Pora, FL 3275	2
			Change
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	10. 10.
	
fective date, if other than the date of filing: un effective date is listed, the date must be specific and cannot be prior to date the lifthe date inserted in this blood date are the date.	(optional)
the date inserted in this block does not meet the applicable st	tatutory filing requirements, this date will not be listed
ocument's effective date on the Department of State's records.	
record specifies a delayed effective data, but ask	
record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier
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ited	
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Chialit A Dance	
sted 10:14 . 2017. Signature of a member or authorized r	e of signee

Page 3 of 3

Filing Fee: \$25.00