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## **COVER LETTER**

Registration Section Division of Corporations

TO:

INHS18 (2/14)

SUBJECT: HEI CLOOM REA	L BSTATE, LLC.
Name of Lir	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
DANIEL CONLOW Name of Person	
HEIRLOOM REAL ESTA	TE, U.C.
330 S. HOHLAND Address	<u>72</u>
MOUNT DORA PL 3  City/State and Zip Code	32757
HOMES @ HEIRLOOM R E-mail address: (to be used for future annual repo	E. 60 M rt notification)
For further information concerning this matter, please c	all:
DANIEL CONCON at (	7407) 280 - 2004 Area Code & Daytime Telephone Number
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
Enclosed is a check for the following amount	:
U \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

,,,,		-STATE LLC	<u> </u>	~	므
(Name of the Limited	Liability Compa Florida Limited I	ny as it now appears on our reco	or <u>ds.</u> )		<u> </u>
The Articles of Organization for this Limited Liab Florida document number Lb 000 Quarter This amendment is submitted to amend the follow A. If amending name, enter the new name of the follow Lb Q	18 276 ring:		-2016	APR and assigned PH 12: '07	THE STATE OF THE S
The new name must be distinguishable and contain the wor	ds "Limited Liabil	ity Company," the designation "L	LC" or the abbrevia	tion "L.L.C."	
Enter new principal offices address, if applicable of the control		Mant Do	ghland ra, FL	St 327	 5_ <del>7</del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>	330 S. Hi Mount Do	guland ra, Fe	st 32:	_ <u>1</u> 57
B. If amending the registered agent and/or reg agent and/or the new registered office address		address on our records, <u>ent</u>	er the name of t	he new reg	<u>istered</u>
Name of New Registered Agent:	Donie	1 Combon			<del></del>
New Registered Office Address:	330	S. Highlan  Enter Florida street add	L Stree	_ <del>_</del>	
	Mount		Florida3	275 -	<del>}</del>

## 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>	Name	Address	Type of Action
MOR	Daniel Combon	330 S. Highland St	GAdd
		Maint Dora FL	□ Remove
		32757	□Change
MGR	Elizabeth Downes	901 N. Gave St	□Add
		Enstis, R-32726	Takemove
			□Change
AMBR	Elizabeth A. Dou	nes	_ III Kod
		330 S. Highland St	□Remove
		Mount Dora, FL	□Change
		32757	□Add
			□Remove
			□Add
			□Remove
		<del></del>	□Change
			🗆 Add
			□Remove
			□ Chango

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		S	ignature of a	member or a	uthorized repr	esentative of	a member			

Filing Fee: \$25.00