L200000 50237

(Requesto	r's Name)
(Address)	<u> </u>
(Address)	
(Address)	<u> </u>
, ,	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Rusiness	Entity Name)
(Dualiteas	Lindy Name;
(Documer	t Number)
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Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:
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Office Use Only



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COVER LETTER

	stration Section sion of Corpora		•		
SUBJECT:	YOUR FLORID	 A PROPERTY EXPERT	S LLC	•	
SOBJECT:		Name of Lim	ited Liability Company		
The enclosed	Articles of Ame	ndment and fee(s) are sub	mitted for filing.		
Please return	all corresponden	cc concerning this matter	to the following:		
	P	 HILIPPA MURRAY 			
	_		Name of Person		
	Y	OUR FLORIDA PROPE	RTY EXPERTS LLC		
	_		Firm/Company		
	5	 813 PITCH PINE DRIVE 	E		
	-	1312-7132-7132-7132-7132-7132-7132-7132-	Address		
	C	 			
	_		City/State and Zip Code	e	
	PF 	HILIPPALIDDELL@MS	N.COM to be used for future annua	al report notificati	ion)
For further in	formation concer	ning this matter, please ca		a report notalical	
PHILIPPA M	URRAY			29 1900	
	Name of Pers	on	at () _ Area Code	Daytime Tel	lephone Number
Enclosed is a	check for the fol	lowing amount:			
≡ \$25.00 Fi	ling Fee 🗆	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is ea		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Divi P.O	ing Address: istration Secti ision of Corpo Box 6327 ahassee, FL 3	prations	Regist Divisi The C 2415 N	Address: tration Section on of Corpora entre of Talla N. Monroe St tassee, FL 323	ations shassee reet, Suite 810



2020 # 13 # 11:12

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 19, 2020

PHILIPPA MURRAY 5813 PITCH PINE DR ORLANDO, FL 32819

SUBJECT: YOUR FLORIDA PROPERTY EXPERTS LLC

Ref. Number: <u>L</u>20000050237

We have received your document for YOUR FLORIDA PROPERTY EXPERTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II Supervisor

Letter Number: 720A00006030

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

e filed on company		Y 2020 and assigned
company		y 2020 and assigned
	here:	
	here:	
ompany." th		
	ne designation "LLC" (or the abbreviation "L.L.C."
		
		
ess on ou	r records, <u>enter tl</u>	he name of the new reg
Enter	Florida street address	
	, Flor	rida
City		Zip Code
	ress on ou	ess on our records, enter t Enter Florida street address

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:

MGK = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	BARBARA DOERINGER	735 VISTA OAKS WAY, DAVENPORT, FL, 33837	_ = Add
			□Remove
			□Change
MGRM	PHILIPPA MURRAY	5813 PITCH PINE DRIVE, ORLANDO FL, 32819	_ 🗆 Add
			□Remove
			_ = Change
MGRM	DANIELLE MOJICA	546 WHEATSTONE PLACEORLANDO, FL 32835	_ □ Add
			□Remove
			= Change
			🗆 Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change

D 74		
D. If am	iending any other	information, enter change(s) here: (Attach additional sheets, if necessary.)
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		<u> </u>
		<u> </u>
E. Effec	tive date, if other	than the date of filing: 23RD FEBRUARY 2020 (optional)
Note:	If the date inserted	the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docur	nent's effective date	on the Department of State's records.
		ed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
record is f	iled.	
Dated	03/23	12020
2		Philanni Missilia
		Signature of a member or authorized representative of a member