

L200000 50237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 07 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YOUR FLORIDA PROPERTY EXPERTS 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:

PHILIPPA MURRAY
Name of Person

YOUR FLORIDA PROPERTY EXPERTS LLC
Firm/Company

5813 PITCH PINE DRIVE
Address

ORLANDO, FL, 32819
City/State and Zip Code

PhilippaLiddell@msn.com.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Philippa Murray at (407) 729-1900
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

YOUR FLORIDA PROPERTY EXPERTS LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>
MGRM	PHILIPPA MURRAY	5813 PITCH PINE DRIVE	<input type="checkbox"/> Add
		ORLANDO, FL, 32819	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
mgrm	DANIELLE MOJICA	546 WHEATSTONE PLACE	<input type="checkbox"/> Add
		ORLANDO, FL 32835	<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
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			<input type="checkbox"/> Change

2009 MAY 6 AM 9:20
SECRETARY OF
TALLAHASSEE FLORIDA

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

2020 MAY -6 AM 9:29
SECRETARY
ALLAHABSEE
T. D. D. D.

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

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 05/4/2020

Barbara Doeringer

Signature of a member or authorized representative of a member

BARBARA DOERINGER

Typed or printed name of signee

Filing Fee: \$25.00