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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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COVER LETTER

TO:		istration Sec ision of Corp		•		
418 535 837	c	REALTOR '	WITH A HEART LLC			
SUBJE	(Π :		Name of Lim	ited Liability Company		
The enc	losed	Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn	all correspon	idence concerning this matter	to the following:		
			Antonella Martino			
				Name of Person		
			REALTOR WITH A HEA	RTLLC		
				Firm/Company		
			1729 Templewood Ave			
			- + 1	Address		
			Deltona FL 32725			
				City/State and Zip Code		
			Amartino@KW.com			
			E-mail address: ()	o be used for future annual report notification)		
For furth	ner in	formation co	ncerning this matter, please ca	lt:		
Antonel	la Ma			781 526-0211		
		Name of		Area Code Daytime Telephone Number	2022 FEB 11	17.73 U 3
Enclosed	l is a	check for the	following amount:		# <u>=</u>	ب ا
₩ \$25.	00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	Status &	ا در ما در ما در آسیا

Mailing Address:

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REALTOR WITH A HEART 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 $\frac{12/09/2021}{12/09/2021}$ Florida document number L21000519854 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Antonella Martino LLC 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 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: New Registered Office Address: Enter Florida street address

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 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
			□Change
			□Add
			□Remove
			☐ Change
			
			☐Change
			□Add
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			Change
			□ Add
			Remove

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