

L23 0000 563 03

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

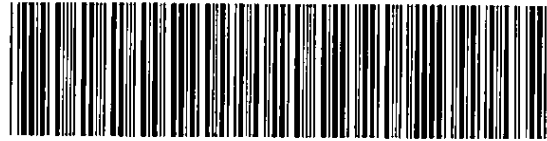
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/20/23--01006--002 **25.00

2023 APR 20 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FL

2023 APR 20 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Heartfelt Realty Hometeam, 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:

Elaine Sami Masood

Name of Person

Heartfelt Realty Hometeam, LLC

Firm/Company

1519 Balsam Willow Trail

Address

Orlando, FL 32825

City/State and Zip Code

elaine@heartfeltrealtyht.com

E-mail address: (to be used for future annual report notification)

FILED
2023 APR 20 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Elaine Sami Masood

407 234-9388

Name of Person

at (_____) _____
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Heartfelt Realty Hometeam, 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 01/31/2023 and assigned
Florida document number L23000056303.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability 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)

3505 Lake Lynda Drive, Suite 200

Orlando, FL 32817

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3505 Lake Lynda Drive, Suite 200

Orlando, FL 32817

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:

Elaine Sami Masood

New Registered Office Address:

3505 Lake Lynda Drive, Suite 200

Enter Florida street address

Orlando

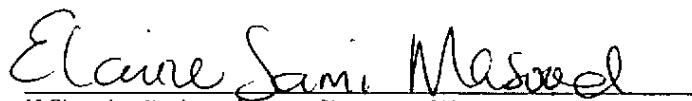
Florida 32817

City

Zip Code

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Elaine Sami Masood	3505 Lake Lynda Drive, Suite 200	<input checked="" type="checkbox"/> Add
		Orlando, FL 32817	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Elaine Sami Masood	3505 Lake Lynda Drive, Suite 200	<input checked="" type="checkbox"/> Add
		Orlando, FL 32817	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2023 APR 10 AM 9:17
 SEATTLE, WA
 ALAN SCOTT
 FILED

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

2023 APR 20 AM 5:17
SECTION 11 STATE
TALLAHASSEE, FL

2023 APR 20 AM 9:17
SECTION 11 CLIMATE
TALLAHASSEE, FL

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 01-30-2023

Elaine Sami McGood
Signature of a member or authorized representative of a

Signature of a member or authorized representative of a member

Elaine Sami Masood

Typed or printed name of signee