

**L2300109979**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : PRIME ACCOUNTING & CONSULTANCY LLC  
Account Number : I20180000090  
Phone : (407)232-6777  
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
HALLEFELD REALTY, PLLC**

Certificate of Status	0
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2023 MAR 29 AM 11:04

FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2023 MAR 29 PM 2:31

MAR 29 2023

Hallefeld Realty, PLLC  
7345 W. Sand Lake Rd, Ste 209  
Orlando, FL 32819  
(407) 906-4059

March 28, 2023

Florida Department of State  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Dear Sir/Madam,

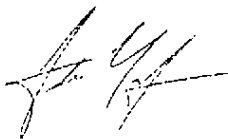
I am writing to respectfully inform you that LLC amendment documentation previously faxed to the Florida Department of State on March 23, 2023, contains some errors. Therefore, I would like to replace it with the correct version that I am sending with this letter.

I understand that any inaccuracies in the documentation can cause inconvenience, and I sincerely apologize for any inconvenience caused by the previous submission. The replacement submission includes all the necessary information and is accurate.

Should you require any further information or have any questions regarding the documentation, I would be more than happy to assist you.

Thank you for your understanding and attention to this matter.

Sincerely,



Felipe Mardakis

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** HALLEFELD REALTY, PLLC  
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:

ALFREDO MORANA  
Name of Person  
HALLEFELD REALTY, PLLC  
Firm/Company  
7345 W SAND LAKE RD STE 209  
Address  
ORLANDO, FL 32819  
City/State and Zip Code  
GOVCONTACT@PM.ME  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALFREDO MORANA at (407) 906-4059  
Name of Person 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

HALLEFELD REALTY, PLLC

(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 03/02/2023 and assigned Florida document number L23000109979.

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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

ALFREDO MORANA

New Registered Office Address:

7345 W SAND LAKE RD STE 209

*Enter Florida street address*

ORLANDO

*City*

Florida

32819

*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.*

DocuSigned by

Alfredo Morana

**If Changing Registered Agent, Signature of New Registered Agent**

2023  
MAR 28 11:11  
AM '23

**If adding Authorized person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:**

H23000110115 3

**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARDAKIS, FELIPE D	7345 W SAND LAKE RD STE 209	<input type="checkbox"/> Add
		ORLANDO, FL 32819	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MORANA, ALFREDO	7345 W SAND LAKE RD STE 209	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32819	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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