## M13000007426

| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
|   |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
|   |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
|   |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
| (444                                    |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| ·                                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
|   |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |

Office Use Only



600308586456

02/08/18--01025--017 \*\*25.00

RECEIVED



J. HARRIE

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: Guidance Realty Homes Name of Foreign Limited Liability Company   |
| Dear Sir or Madam:   |
| The enclosed application, certificate and fee(s) are submitted for filing.   |
| Please return all correspondence concerning this matter to the following:  |
| HUSAM Amin Name of Person  |
| <u>Evidance Realty Homes, UC</u>   |
| 448 S. Alafaya Tri, Suite 8 Address  |
| Or lando, FL 32828  City/State and Zip Code  |
| husam. amin @myGRH. com E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:  HUSAM Amin at (407) 308-0800  Name of Person Area Code & Daytime Telephone Number  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| Enclosed is a check for the following amount:  S25 Filing Fee \$\sum \text{S30 Filing Fee & S55 Filing Fee & Certificate of Status}\$  Certified Copy  Certified Copy  |
| CR2E055 (9:15) Almondy Poid  |



February 15, 2018

HUSAM AMIN 448 S ALAFAYA TRL, SUITE 8 ORLANDO, FL 32828

SUBJECT: GUIDANCE REALTY HOMES, LLC

Ref. Number: M13000007426

We have received your document for GUIDANCE REALTY HOMES, 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):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 818A00003288

DILL CO. .. D.O. DOY COOK MILL DILL CO.



February 9, 2018

IMANE CHAOUNI 448 S ALAFAYA TRL, STE 8 ORLANDO, FL 32828

SUBJECT: GUIDANCE REALTY HOMES, LLC

Ref. Number: M13000007426

We have received your document for GUIDANCE REALTY HOMES, 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):

The form you submitted is for a Florida LLC, but your entity is a Foreign LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Letter Number: 518A00002836

Jenna D Harris Regulatory Specialist II

RECEIVED RECEIVED

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

| 1. Name of limited liability Company as it appears on the records of the Florida Department of   |                             |
|--|-----------------------------|
| State: Guidance Realty Homes   |                             |
| Enter new principal office 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)   |                             |
| 2. The Florida document number of this limited liability company is: M1300007424   | ,                           |
| 3. Jurisdiction of its organization: Pelquere  |                             |
| 4. Date authorized to do business in Florida: 11-22-2013   |                             |
| SECTION II (5-9 complete only the applicable changes)  |                             |
| 5. New name of the limited liability company:  | )                           |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach copy of the written consent of the managers or managing members adopting the alternate name. The alternate namest contain "Limited Liability Company," "L.L.C." or "LLC.")  | ıme                         |
| 6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:  |                             |
| This are   | G i                         |
| New Registered Office Address:  Enter Florida Street Address   | - 3<br>- 3                  |
| City , Florida 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 the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wi 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 limit liability company has been notified in writing of this change. | wit <b>h</b><br>ith<br>ited |
| If Changing Registered Agent. Signature of New Registered Ager   | <u> </u>                    |

| 8. If the amendmen |   | in accordance with 605.0902 (1)(e), ind   | icate that change: |
|--------------------|---|---|--------------------|
| Title/ Capacity    | <u>Name</u>   | <u>Address</u>                            | Type of Action     |
| Broker_            | HUSAM Amir  | 50ite 8, Drien                            | TC DAdd            |
|                    |   | Remove                                    |                    |
|                    |   |   | Add                |
|                    |   | Remove                                    |                    |
|                    | <u> </u>  |   | DbA                |
|                    |   |   | Remove             |
|                    |   |   | Add                |
|                    |   |   | Remove             |
|                    |   |   | Add                |
| 9 Attached is a ce | rtificate, if required: no more tha                                   | an 90 Jays old, evidencing the            | Remove             |
| aforementioned     | amendment(s), duly authenticate<br>er the law of which this entity is | ed by the official having custody of reco | rds in the         |
|                    | Signatur  | re of the authorized representative       |                    |
|                    | h VSan  | r printed name of signee                  | _ :                |
|                    | *-  | iling Fee: \$25.00                        | ÷ I                |