

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: La Bosa Bealty, 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:

Joseph La Bosa
Name of Person

La Bosa Bealty, LLC
Firm/Company

1420 Celebration Blvd., Ste. 100
Address

Celebration, FL 34747
City/State and Zip Code

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

For further information concerning this matter, please call:

Karina Farguhar at (321) 989-1475
Name of Person Area Code & Daytime Telephone Number

FILED
10 SEP -3 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

LaBosa Realty, LLC
(Name of the Limited Liability Company as it now appears on our records,
(A Florida Limited Liability Company))

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 608, 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.

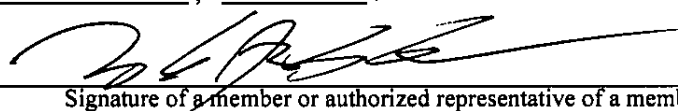
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Michael LaBosa	1420 Celebration Blvd. Ste. 100 Celebration, FL 34747	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Michael LaBosa	801 Oak Shadows Rd. Celebration, FL 34747	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____, _____



Signature of a member or authorized representative of a member

Michael LaBosa

Typed or printed name of signee

FILED
10 SEP - 3 AM 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA