

LO4000090598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

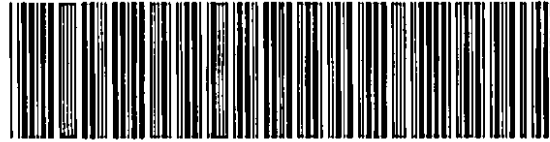
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300318702123

10/04/18--01026--016 \*\*298.75

RECORDS SECTION  
TALLAHASSEE, FL

2019 JAN -7 AM 11:33

FILED

LO.02

1.16  
S. KRAHO



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 19, 2018

ALBANO REALTY ASSOCIATES, LLC  
1147 HILLSBORO MILE  
APT. #514S  
HILLSBORO BEACH, FL 33062

SUBJECT: ALBANO REALTY ASSOCIATES, LLC  
Ref. Number: L04000090598

We have received your document for ALBANO REALTY ASSOCIATES, LLC and check(s) totaling \$238.75. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$277.50. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2016 through 2018; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due to reinstate at this time is \$516.25.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather  
Regulatory Specialist III

Letter Number: 318A00021478

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Albano Family Realty Associates 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:

Edmond P. Albano III

Name of Person

Firm/Company

1147 Hillsboro Mile #514S

Address

Hillsboro Beach FL 33062

City/State and Zip Code

EdAlbano@KW.com

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

For further information concerning this matter, please call:

Edmond Albano III

954

609-8668

at ( )

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/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Albano Realty Associates 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 01/01/05 and assigned

Florida document number L04000090598

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Albano Family Realty Associates LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1147 Hillsboro Mile

#5145

Hillsboro Beach, FL 33062

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:

Edmond P. Albano III

New Registered Office Address:

1147 Hillsboro Mile #5145

Enter Florida street address

Hillsboro Beach

City

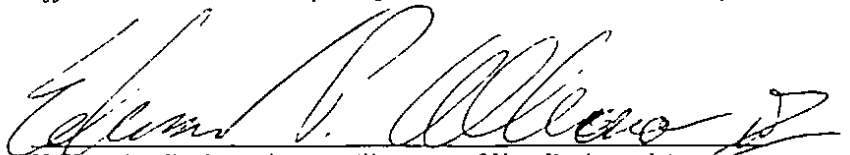
Florida

33062

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

*Same members on LLC  
Paperwork*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

All information is staying the same just  
a change in the name.

I never received an email for renewing the  
LLC back in 2016, can you please make  
sure my New Email is added in correctly  
Ed Albano @ KW.com

Thank you

E. Effective date, if other than the date of filing: 09/26/18 (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 Sept. 26<sup>th</sup> 2018

  
Signature of a member or authorized representative of a member

Edward P. Albano III  
Typed or printed name of signer

FILED  
2019 JAN -7 AM 11:33  
DEPARTMENT OF STATE  
TALLAHASSEE, FL