10600000/680

	equestor's Name)	
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(Address)		
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PICK-UP		
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Certified Copies	Certificates	of Status
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Special instructions to	Filing Officer:	
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	i ne	
Office Use Only		



07/17/06--01034--012 **25.00



COVER LETTER

TO: Registration Section Division of Corporations

OSTA VERDE REALTY (Name of Limited Liability Company) SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

OMON GREENE VERDE REALTM, (Firm/Company) BOX 1550 (Address) ېې FL 32721-1550 (City/State and Zip Code) AND ū

For further information concerning this matter, please call:

(Name of Person) at (386) 479-22 (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

S25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 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



Filing Fee: \$25.00