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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

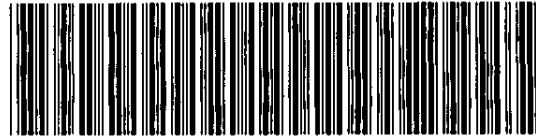
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

NOV 28 2016

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: J. Eric Blanks Realty 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:

Deborah C. Blanks
Name of Person

J. Eric Blanks Realty LLC
Firm/Company

216 Evans Drive
Address

Jacksonville Beach FL 32250
City/State and Zip Code

dblank@windstream.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deborah C. Blanks at 904 993 1483
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

J Eric Blanks Realty LLC

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JUN 23 PM 2:30
CLERK OF DISTRICT COURT
STATE OF FLORIDA
new Registered Agent
the limited liability

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Deborah C Blanks	216 Evans Drive	<input checked="" type="checkbox"/> Add
		Jacksonville Beach, FL	<input type="checkbox"/> Remove
		32250	<input type="checkbox"/> Change
MGR	John E Blanks deceased	513 A1A North	<input type="checkbox"/> Add
		Ponte Vedra Beach, FL	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 CLERK OF STATE
 PALM BEACH, FLORIDA

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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.

Dated 11/18, 2016

Signature of a member or authorized representative of a member

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA