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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

MAR 29 2010

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Independent Brokers Realty of Naples, 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:

John Fraine

Name of Person

Independent Brokers Realty of Naples, LLC

Firm/Company

271 10th St NE

Address

Naples FL 34120

City/State and Zip Code

jfraine@comcast.net

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

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For further information concerning this matter, please call:

John Fraine

Name of Person

at (239)

348-9893

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

Independent Brokers Realty of Naples FL, LLC

(A Florida Limited Liability Company)

Page 1 of 2

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:

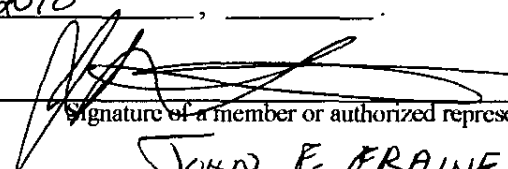
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	David R Gallus	92 Buttercup Ct Marco Island FL 34145	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	John F. Fraine	271 10th St NE Naples FL 34120	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 3-24-2010



 Signature of a member or authorized representative of a member
JOHN F. FRaine

 Typed or printed name of signee