

#L12000142435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

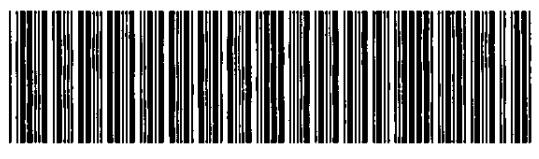
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/30/2014 KS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
OCT 30 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Raise Real Estate, 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:

Attn: Lars Heldre C/O SuperiorFloridaRealty.com, Inc

Name of Person

Raise Real Estate, LLC

Firm/Company

877 East Palmetto Park Road

Address

Boca Raton, FL 33432

City/State and Zip Code

lars@superiorflorida.com

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

For further information concerning this matter, please call:

Lars Heldre

at (561) 300-3001

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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 + ST	Inger Ellen Nicolaisen	877 E. Palmetto Pk. Rd., Boca Raton, FL	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

MGR + ST	<i>Inger Ellen Sandaker Nicolaisen</i>	877 E. Palmetto Pk. Rd., Boca Raton, FL	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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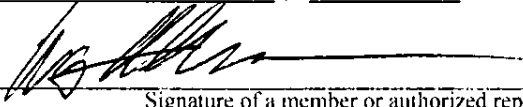
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

We are only amending the name of the Authorized Member

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 22, 2014



Signature of a member or authorized representative of a member

Lars Heldre / Registered Agent

Typed or printed name of signee

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