

L13000001279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Florida DMV 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:

Daksha Vakharia  
Name of Person

-  
Firm/Company

1073 Willa Springs Dr, Suite 1045  
Address

Winter Springs, FL 32708  
City/State and Zip Code

ccim@dakshavakharia.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daksha Vakharia at (407) 733 2696  
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

FLorida DMV Realty LLC

VRI Florida DMV Realty, LLC

738 W. Colonial Dr  
Orlando, FL 32804

Page 1 of 3

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	Viewpoint Franchise International, Inc.	1073 Willa Springs Dr Suite 1045 Winter Springs FL 32708	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Marketing Solutions, LLC	1073 Willa Springs Dr Suite 1045 Winter Springs, FL 32708	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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Dated March 27, 2013.

D. Vakharia

Signature of a member or authorized representative of a member

DAKSHA VAKHARIA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00