

L13000086144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

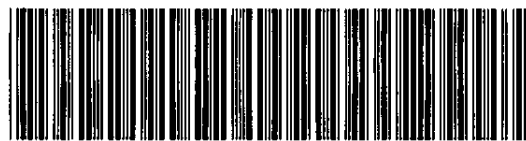
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06/16/14--01046--007 **25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DRM Real Estate Group, 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:

Michael Forbes

Name of Person

DRM Real Estate Group, LLC

Firm/Company

2410 Embassy Drive

Address

wpb, FL 33401

City/State and Zip Code

drmreg@gmail.com

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

2014 JUN 16 PM 4:00
STATE OF FLORIDA
TALLAHASSEE

FILED

For further information concerning this matter, please call:

Michael Forbes

Name of Person

at (561) 315-1419

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

DRM Real Estate Group, LLC

Page 1 of 3

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>
<u>mgr</u>	<u>Rendel Forbes</u>	<u>2410 Embassy Drive</u>	<input type="checkbox"/> Add
		<u>wpb, fl 33401</u>	<input checked="" type="checkbox"/> Remove
<u>mgr</u>	<u>Dahlia Forbes</u>	<u>2410 Embassy Drive</u>	<input checked="" type="checkbox"/> Add
		<u>wpb, fl, 33401</u>	<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

2014 JAN 6 PM 4:00
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STATE OF FLORIDA
DEPARTMENT OF
REVENUE

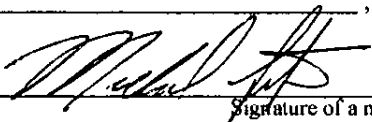
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

n/a

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 6/1/2014



Signature of a member or authorized representative of a member

Michael Forbes

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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