

L 13000132/34

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

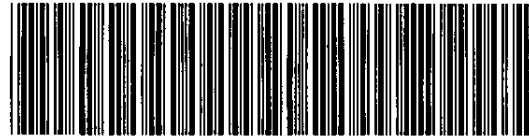
Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Realty International Referrals, 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:

M. Jeffrey Graves

Name of Person

Realty International Referrals, LLC

Firm/Company

14507 Gulf Blvd.

Address

Madeira Beach, FL 33708

City/State and Zip Code

jeffgraves1959@gmail.com

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

For further information concerning this matter, please call:

M. Jeffrey Graves

Name of Person

at (727) 644-7280

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

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TALLAHASSEE, FLORIDA
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Realty International Referrals, LLC

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:

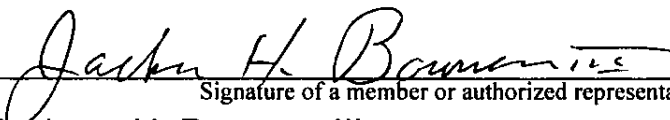
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	M. Jeffrey Graves	13920 Misson Oaks Blvd., Seminole, FL 33776	☒ Add
			☐ Remove
			☐ Add
			☐ Remove
			☒ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

FILED
11-05-11
CLERK OF DISTRICT COURT
11-05-11

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

Dated 10-29-13, _____.



Signature of a member or authorized representative of a member

Jackson H. Bowman III

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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CLERK OF STATE
TALLAHASSEE, FLORIDA