

L 13000173098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

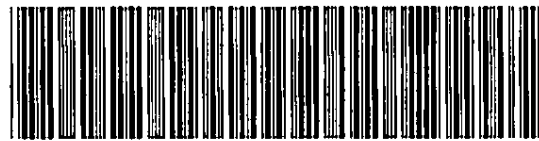
(Business Entity Name)

(Document Number)

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17 JUN 18 AM 11:49
DEPT OF STATE
WASH DC
FLORIDA

JUL 20 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: REALTY FIRE INVESTMENTS 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:

Caroline Yeakel

Name of Person

REALTY FIRE INVESTMENTS LLC

Firm/Company

1000 NW 65th STREET - SUITE 100

Address

FORT LAUDERDALE, FL 33309

City/State and Zip Code

caroline@realtyfire.com

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

For further information concerning this matter, please call:

Caroline Yeakel

954

882-0185

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	CHRISTOPHER M. CORMIER	1000 NW 65TH STREET	<input checked="" type="checkbox"/> Add
		SUITE 100	<input type="checkbox"/> Remove
		FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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JUN 8 AM 11:49
 OFFICE OF STATE
 TALLAHASSEE, FLORIDA

17 JUN 19 AM 11:49
OFFICE OF THE SECRETARY OF THE ARMY
WASHINGTON, D.C. 20315
PALLAHASSE, FLORIDA

17 JUN 10 AMT: 49
DEPARTMENT OF STATE
FALL ACHASSE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated JULY 14TH 2017 Elizabeth S Benton

Signature of a member or authorized representative of a member

ELIZABETH BENTON

Typed or printed name of signee