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(Address)

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TALLAHASSEE FLORIDA

MAR 06 2015
J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HAMLIN REALTY 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:

LAURA GOLEMBUSKI

Name of Person

Firm/Company

625 WALTHAM AVE

Address

ORLANDO, FL 32809

City/State and Zip Code

LAURA@LILLIANGROUP.COM

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

For further information concerning this matter, please call:

LAURA GOLEMBUSKI

Name of Person

at **407** **855-1136**

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

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CORPORATIONS

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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	L.E. WHITE, A/T U/A LT#1	625 WALTHAM AVE	<input type="checkbox"/> Add
	12./30/82	ORLANDO, FL 32809	<input checked="" type="checkbox"/> Remove

MGR	LE. WHITE, A/T W/A LT#2	625 WALTHAM AVE	<input checked="" type="checkbox"/> Add
	12/30/82	ORLANDO, FL 32809	<input type="checkbox"/> Remove

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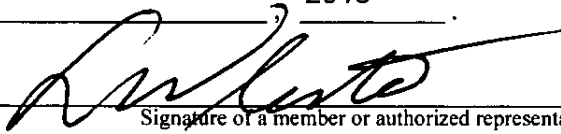
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

THIS IS A CORRECTION TO THE ORIGINAL
FILING.

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 FEB. 19 2015



Signature of a member or authorized representative of a member

LAWRENCE E. WHITE

Typed or printed name of signee

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