

L14000176171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

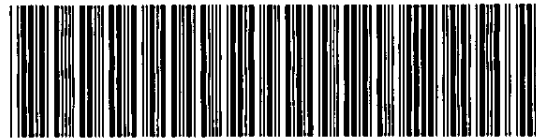
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TO ADDITIONAL FILING
SUFFICIENT FOR FILING

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

K. SALLY
EXAMINER
NOV 21 2014



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 384800 8021705

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : November 19, 2014

ORDER TIME : 10:16 AM

ORDER NO. : 384800-005

CUSTOMER NO: 8021705

DOMESTIC AMENDMENT FILING

NAME: REM REAL ESTATE AND
MANAGEMENT, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: REM REAL ESTATE AND MANAGEMENT,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:

R Khleif

Name of Person

REM REAL ESTATE AND MANAGEMENT, LLC

Firm/Company

5632 BEE RIDGE ROAD, SUITE 200

Address

SARASOTA, FL 34233

City/State and Zip Code

RKHLEIF@GMAIL.COM

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

For further information concerning this matter, please call:

R Khleif

941

961-2919

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input 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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TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>
AMBR	R Khelif	5632 Bee Ridge Road Suite 200	<input type="checkbox"/> Add
		Sarasota, FL 34233	<input checked="" type="checkbox"/> Remove
AMBR	M Khelif	5632 Bee Ridge Road Suite 200	<input type="checkbox"/> Add
		Sarasota, FL 34233	<input checked="" type="checkbox"/> Remove
AMBR	R Khleif	5632 Bee Ridge Road Suite 200	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34233	<input type="checkbox"/> Remove
AMBR	M Khleif	5632 Bee Ridge Road Suite 200	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34233	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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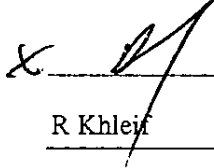
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 TAMPA, FLORIDA

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

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 11-19-14

x 

Signature of a member or authorized representative of a member

R Khleif

R KHLEIF

Typed or printed name of signee

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TALLAHASSEE, FLORIDA