

L150000009234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

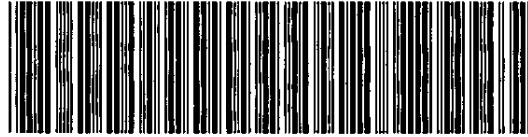
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LPR - 1 2015

T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Viv Realty, 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:

Daniel Weidenbruch, Esq.

Name of Person

Roetzel & Andress, LPA

Firm/Company

850 Park Shore Drive - Third Floor

Address

Naples, FL 34103

City/State and Zip Code

dweidenbruch@ralaw.com

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

For further information concerning this matter, please call:

Daniel Weidenbruch, Esq.

239 649-6200
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

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and assigned

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

and assigned

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 | Matthew Brown | 2020 8th Street South | <input checked="" type="checkbox"/> Add |
| | | Naples, Florida 34102 | <input type="checkbox"/> Remove |
| P | Kathleen Stanton | 975 6th Avenue South, Suite 105 | <input type="checkbox"/> Add |
| | | Naples, Florida 34102 | <input checked="" type="checkbox"/> Remove |
| AS | Kathleen Stanton | 975 6th Avenue South, Suite 105 | <input checked="" type="checkbox"/> Add |
| | | Naples, Florida 34102 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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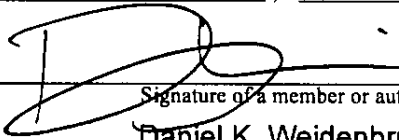
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

EIN: 36-4803954 (please list)

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 March 11, 2015



Signature of a member or authorized representative of a member

Daniel K. Weidenbruch, Authorized Representative

Typed or printed name of signee

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Filing Fee: \$25.00

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