

L15000075471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

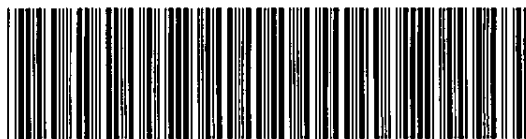
(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REAL PROPERTY INTERNATIONAL, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

IRMA G. YAPOR
Name of Person

REAL PROPERTY INTERNATIONAL, LLC
Firm/Company

PO BOX 686
Address

WINDERMERE, FL 34786
City/State and Zip Code

mail4igy@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IRMA YAPOR at (407) 909-8000
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE, FLORIDA

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: REAL PROPERTY INTERNATIONAL, LLC

SECOND: The Florida Document number of the limited liability company is: L15000075471

THIRD: Document to be corrected is:
~~Corporate Filing Application~~ Articles of Organization

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Add the Registered Agent as the MANAGER:

Irma G. Yapor
625 Main Street, Suite 103
Windermere, FL 34786

ALSO: Delete the letters "UN" from the principal and mailing addresses

OR



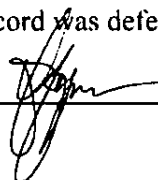
Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR



The electronic transmission of the record was defective.

Signature of Authorized Representative



5/12/2015
Date

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15 MAY 12 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)