

L15000078804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

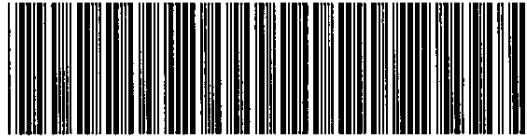
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 JUN - 1 AM 11:40  
TALLAHASSEE, FLORIDA

JUN 02 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Managing Real Life, 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:

Meryl Blackman - cellphone - 973-886-8915  
Name of Person  
Managing Real Life, LLC  
Firm/Company  
5925 Shore Blvd, So. #302  
Address  
Gulfport, FL 33707  
City/State and Zip Code  
merylblackman09@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Meryl Blackman at (973) 886-8915  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee  
☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$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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Managing Real Life, LLC

Page 1 of 3

SECRETARY OF STATE  
DIVISION OF REGISTRATION  
15 JUN - 11 AM 1940  
Zip Code  
SECRETARY OF STATE  
DIVISION OF REGISTRATION  
TALLAHASSEE, FLORIDA

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

*N/A*

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 May 29, 2015.

*Meryl Blackman*

Signature of a member or authorized representative of a member

Meryl Blackman

Typed or printed name of signee

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