

L15000079015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

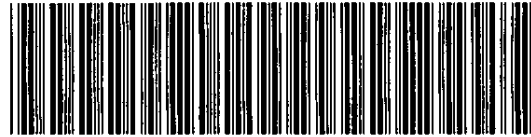
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AUG 03 2015

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: YTG 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:

Garry Graham

Name of Person

YTG Realty LLC

Firm/Company

411 Walnut Street, #7165

Address

Green Cove Springs, FL 32043

City/State and Zip Code

YandGRealEstate@gmail.com

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

For further information concerning this matter, please call:

Garry Graham

808

447-0560

at ()

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

Registered Agent

- 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>
AMBR	Garry Graham	411 Walnut Street #7165	<input checked="" type="checkbox"/> Add
		Green Cove Springs, FL 32043	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Y & G Real Estate, LLC	411 Walnut Street #7165	<input type="checkbox"/> Add
		Green Cove Springs, FL 32043	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Makiko Osawa	2100 Date Street, Apt 2506	<input checked="" type="checkbox"/> Add
		Honolulu, HI 96826	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Austin Hooper	2550 Notinham St	<input checked="" type="checkbox"/> Add
		Titusville, FL 32796	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Robin Hardbarger	411 Walnut Street, #7165	<input checked="" type="checkbox"/> Add
		Green Cove Springs, FL 32043	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Robin Hardbarger		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: 07/24/2015 (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 07/27/2015, 2015.

Signature of a member or authorized representative of the association

Signature of a member or authorized representative of a member

Garry Graham

Typed or printed name of signee

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Filing Fee: \$25.00

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