

L16000021909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

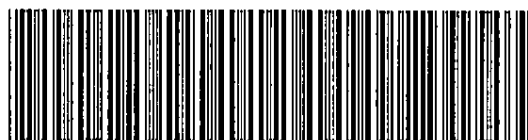
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900305663699

11/17/17--01021--009 **50.00

17 NOV 20 PM 12:21

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE JULIE LASKY MUELLER REALTY GROUP 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:

Frank S Pruse Jr

Name of Person

THE JULIE LASKY MUELLER REALTY GROUP LLC

Firm/Company

1207 NORTH FRANKLIN ST, SUITE 107

Address

TAMPA, FLORIDA 33602

City/State and Zip Code

fpruse@gmail.com

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

For further information concerning this matter, please call:

Frank S Pruse Jr

813 841-8043
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

FILED
SECRETARY OF THE
TALLAHASSEE COUNTY
17 NOV 20 PM 12:21
Assigned

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

Florida document number L16000021909

A. If amending name, enter the new name of the limited liability company here:

Page 1 of 3

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>
MGN	ANITA KAY SZINEGH	18117 SUGAR BROOKE DR	<input type="checkbox"/> Add
		TAMPA, FLORIDA 33647	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGN	FRANK S PRUSE JR	1207 NORTH FRANKLIN ST	<input checked="" type="checkbox"/> Add
		SUITE 107	<input type="checkbox"/> Remove
		TAMPA, FLORIDA 33602	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

11 NOV 20 AM 13 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 NOV 20 PM 12:21

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 November 12 2017



Signature of a member or authorized representative of a member

FRANK S PRUSE JR

Typed or printed name of signee