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(Address)

(City/State/Zip/Phone #)

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FEB 23 2017
S. YOUNG

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FALLASSEE, LOUISIANA
17 FEB 22 AM 10:50

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CORE Centric Realtors, 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:

Samuel Francis
Name of Person
CORE Centric Realtors
Firm/Company
4629 NW 121ST AVE
Address
CORN SPRINGS, FL 33074
City/State and Zip Code
SFRANCIS REALTOR @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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For further information concerning this matter, please call:

Samuel Francis at (954) 557-1895
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
Staple Attached
- ☐ \$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

CORE Centric REALTORS LLC

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>
MGR	SAMUEL FRANCIS	4629 NW 121 ST AVE	<input checked="" type="checkbox"/> Add
		CORAL SPRINGS, FL 33076	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

17 FEB 22 AM 11:50
SE. M. FRY JR. 1415
FALL AVENUE, SUITE 100
CORAL SPRINGS, FL 33076

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

17 FEB 22 AM 10:59

1000

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

$$2 \mid 21$$

2017

Signature of a member or authorized representative of a member

Samuel Francis

Typed or printed name of signee