

L17000040972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

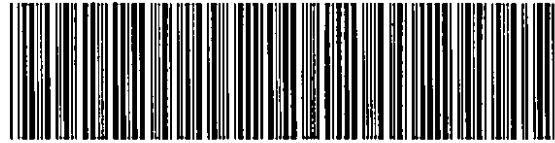
(Business Entity Name)

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TALLAHASSEE, FLORIDA

OCT 27 2018  
S. YOUNG

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GRAVILLA ESTATES REALTY GROUP, PLLC

\_\_\_\_\_  
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:

JEFF KAPLAN

\_\_\_\_\_  
Name of Person

KAPLAN LAW FIRM PL

\_\_\_\_\_  
Firm/Company

130 REMINGTON DRIVE SUITE 1000

\_\_\_\_\_  
Address

OVIEDO, FL 32765

\_\_\_\_\_  
City/State and Zip Code

JKAPLAN@KAPLANLAWFIRM.US

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

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For further information concerning this matter, please call:

JEFF KAPLAN

407

706-6700

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

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

ARTICLE III is amended to read as follows:

"THE COMPANY IS A PROFESSIONAL SERVICES LIMITED LIABILITY COMPANY PURSUANT TO  
CHAPTER 621, FLORIDA STATUTES, FOR THE RENDITION OF SERVICES RELATED TO REAL  
ESTATE SALES."

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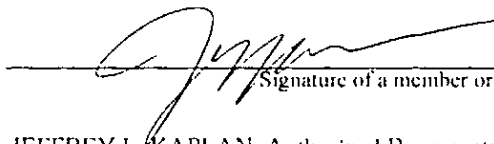
**E. Effective date, if other than the date of filing:** October 9, 2018 (optional)

(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 OCTOBER 9 2018



Signature of a member or authorized representative of a member

JEFFREY L. KAPLAN, Authorized Representative

Typed or printed name of signee