

48000152916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

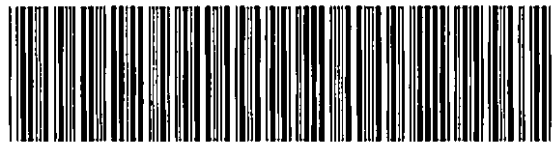
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900316991369

00014710-01004-0004 \*\*20.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 AUG 14 PM 2:15

N COOPER

AUG 17 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ENCOMPASS 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:

KELLER RODRIGUES

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

ENCOMPASS REALTY GROUP, LLC

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

2450 HOLLYWOOD BLVD - STE 401

\_\_\_\_\_  
Address

HOLLYWOOD, FL 33020

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

krodrigues523@gmail.com

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

For further information concerning this matter, please call:

KELLER RODRIGUES

786

201.1274

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>
AMBR	HAICK, SCOTT	2450 2450 HOLLYWOOD BLVE	<input type="checkbox"/> Add
		STE 401	<input checked="" type="checkbox"/> Remove
		HOLLYWOOD, FL 33020	<input type="checkbox"/> Change
AMBR	SMITH, DAVID	2450 2450 HOLLYWOOD BLVE	<input type="checkbox"/> Add
		STE 401	<input checked="" type="checkbox"/> Remove
		HOLLYWOOD, FL 33020	<input type="checkbox"/> Change
AMBR	MCEACHRON, RUBEN	2450 2450 HOLLYWOOD BLVE	<input type="checkbox"/> Add
		STE 401	<input checked="" type="checkbox"/> Remove
		HOLLYWOOD, FL 33020	<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

SECRET  
DIVISION OF CORPORATIONS  
18 AUG 14 PM 2:15

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 AUG 14 PM 2:15

**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.

Dated August 02, 2018

  
Signature of a member or authorized representative of a member

KELLY RODRIGUES  
Typed or printed name of signee