

L18 000 275 096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

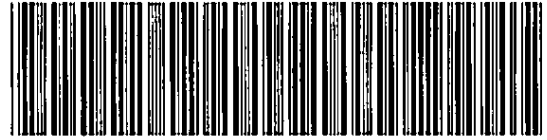
(Business Entity Name)

(Document Number)

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CLERK OF STATE  
DEPARTMENT OF CORPORATIONS  
2017-09 PM 2:25

*Amend*

MAR 24 2020

D CUSHING

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Florida Real Estate Agency , 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:

Robert Anthony Freyre

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

Florida Real Estate Agency , LLC

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

4139 Broad Porch Run

\_\_\_\_\_  
Address

Land O Lakes ,Florida 34638

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

rfreyre@floridareagency.com

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

For further information concerning this matter, please call:

ROBERT A FREYRE

813 318 2526  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

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

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE  
JAN 10 2007

2000-2001

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

**If Changing Registered Agent, Signature of New 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>
authorize	ROBERT SCOTT FREYRE	4139 BROAD PORCH RUN	<input type="checkbox"/> Add
		LAND O LAKES ,FL 34638	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
auth mer	CHRISTOPHER ALAN FREYRE	4139 BROAD PORCH RUN	<input type="checkbox"/> Add
		LAND O LAKES , FL 34638	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

ROBERT SCOTT FREYRE IS NON - BROKER OWNER >10%

CHRISTOPHER ALAN FREYRE IS NON - BROKER OWNER >10%

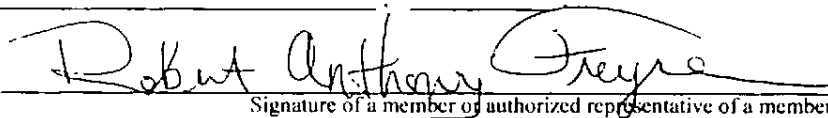
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 MARCH 05 2020

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

ROBERT ANTHONY FREYRE

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**