

L22000186500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

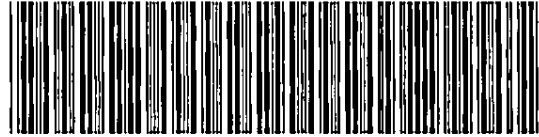
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/22/22--01002--002 **\$0.00

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2022 DEC 21 PM 3:25

CLERK OF COURT
TALLAHASSEE, FLORIDA

FILED

2022 DEC 21 AM 8:31

TALLAHASSEE, FL

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ACTIVA REALTY, LLC.

Signature _____

Requested by: BA

12/21/22

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

174 Pender's Printing • Thomsville, GA 31088

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
☒ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
☒ Photo Copy _____
____ Certificate of Good Standing _____
☒ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACTIVA REALTY, 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:

MALGORZATA J KON, ESQ.

Name of Person

KON & ASSOCIATES, LLC

Firm/Company

2131 HOLLYWOOD BLVD., SUITE 507A

Address

HOLLYWOOD, FL 33020

City/State and Zip Code

mkonlaw@aol.com

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

For further information concerning this matter, please call:

Malgorzata J Kon

954 925-4102
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 Address:

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

2022 DEC 21 AM 8:31

(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


MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

2022 DEC 21 AM 8:31
CALIFORNIA

FILED
2022 DEC 21 AM 8:31
CLARK COUNTY
JAIL

Dated December 16, 2022

 Signature of a member or authorized representative of a member
ACTIVA REALTY, LLC
 Typed or printed name of signee