

L24000105858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

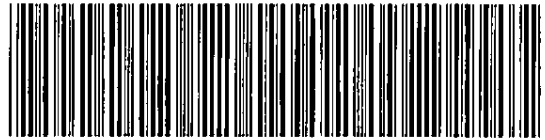
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

2024 OCT - 1 AM 1:28

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MBR 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:

DALE ODOM

Name of Person

MBR REALTORS, LLC

Firm/Company

792 MINNEOLA AVENUE

Address

CLERMONT, FLORIDA 34711

City/State and Zip Code

DALEODOM@AOL.COM

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

For further information concerning this matter, please call:

DALE ODOM

352 406-8053
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

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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>
MGRM	DALE ODOM	792 MINNEOLA AVENUE	<input checked="" type="checkbox"/> Add
		CLERMONT, FLORIDA 34711	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CATHERINE(MICKI) BLACKBL	792 MINNEOLA AVENUE	<input type="checkbox"/> Add
		CLERMONT, FLORIDA 34711	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: SEPTEMBER 23, 2024 (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 SEPTEMBER 23 2024

Mr. H. —

Signature of a member or authorized representative of a member

MICHAEL LOVETT, MGRM

Typed or printed name of signee

Filing Fee: \$25.00