

LI 0000 63563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

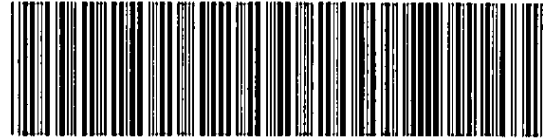
(Business Entity Name)

(Document Number)

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LLC
Amend.

R. WHITE
09/10/24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Koralfin, 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:

Jeff Cynamon, Esquire

Name of Person

Law Offices of Jeff P. Cynamon, P.A.

Firm/Company

1700 - 79th Street Causeway, Suite 160

Address

North Bay Village, Florida 33141

City/State and Zip Code

JCynamon@aol.com

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

For further information concerning this matter, please call:

Jeff Cynamon, Esquire

305 535-9992

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

Koralfin, LLC

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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>
MGR	Brunacci, Carlo		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		5850 S. Military Trail Lake Worth, FL 33463	<input checked="" type="checkbox"/> Change
MGR	Reyes, Danceney		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		8650 Biscayne Blvd. El Portal, FL 33138	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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: _____ (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 20, 2019


Signature of a member or authorized representative of a member

Jeff Cynamon, Esquire

Typed or printed name of signee