

#L13000086181

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

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CORRECTION TO EFFECTIVE DATE  
PER CONVERSATION WITH  
TANIA PERNAS 1/15/2015 KS

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01/02/15--01034--029 \*\*38.75

EFFECTIVE DATE  
1-2-2015

FILED  
2015 JAN -2 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
JAN 15 2015

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: KR Financial Advisors 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:

Jeffrey B. Koch

Name of Person

KR Financial Advisors LLC

Firm/Company

4000 Hollywood Blvd., Suite 215 South

Address

Hollywood, FL 33021

City/State and Zip Code

tania.pernas@gskcpas.com

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

For further information concerning this matter, please call:

Tania Pernas

at (305) 442-2200

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

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1-2-2015

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TALLAHASSEE, FLORIDA

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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Jared Kornfeld	4000 Hollywood Blvd.,	<input checked="" type="checkbox"/> Add
		Suite 215 South	<input type="checkbox"/> Remove
		Hollywood, FL 33021	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

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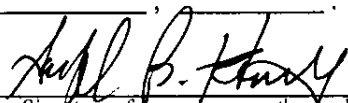
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E. Effective date, if other than the date of filing: January 2, 2015 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

Sanford Morwitz

Typed or printed name of signee

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