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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

G. HARVEY
DEC 05
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FLORIN FINANCIAL, 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:

Jonathan D. Florin

Name of Person

FLORIN FINANCIAL, LLC

Firm/Company

801 Brickell Ave, Suite 900

Address

Miami, FL 33131

City/State and Zip Code

JFlorin@FlorinFin.com

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

For further information concerning this matter, please call:

Jonathan D. Florin

at (305)

998-9625

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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FLORIN FINANCIAL, LLC

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	Bradley J. Florin	3509 COPPER SPRING DR.	<input type="checkbox"/> Add
		FORT COLLINS, CO 80528	<input checked="" type="checkbox"/> Remove
MGR	Jonathan D. Florin	801 Brickell Ave, Suite 900	<input checked="" type="checkbox"/> Add
		Miami, FL 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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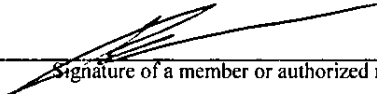
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (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 NOVEMBER 14, 2014.



Signature of a member or authorized representative of a member
BRADLEY J. FLORIN, MANAGER

Typed or printed name of signee

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