

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : PAUL A. KRASKER, P.A.
Account Number : I20090000078
Phone : (561) 801-7312
Fax Number : (561) 515-3904

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: pkrasker@kraskerlaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AMG FINANCIAL ASSOCIATES LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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| Page Count | 01 3 |
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07/14/2016 12:24

(FAX)

P.002/003

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMG FINANCIAL ASSOCIATES LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAUL A KRASKER

Name of Person

THE LAW OFFICE OF PAUL A. KRASKER

Firm/Company

501 S. FLAGLER DRIVE, SUITE 201

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

PKRASKER@KRASKERLAW.COM

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

For further information concerning this matter, please call:

PAUL KRASKER

Name of Person

at (561)

Area Code

515-4722

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E062 (9/15)

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**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: AMG FINANCIAL ASSOCIATES LLC

SECOND: The Florida Document number of the limited liability company is: L16000127291

THIRD: Document to be corrected is: ARTICLES

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

MANAGER MIDDLE INITIAL IS INCORRECT. SHOULD BE
ADAM M. GRUNFELD.

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

- ☐ The electronic transmission of the record was defective.

Paul A. Krasken
Signature of Authorized Representative

7/14/16
Date

FILED
16 JUL 14 AM 9:01
CLERK OF STATE
TALLAHASSEE, FLORIDA

Signature of new registered agent, if applicable : (NOTE: If correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature. If changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Paul A. Krasken

Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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