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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

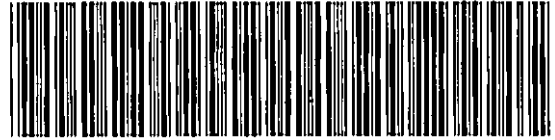
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 SEP 24 PM 1:46

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MF 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:

Meredith B. Freeman III

Name of Person

MF Financial LLC

Firm/Company

1511 N Westshore BLVD Suite 1100

Address

Tampa, FL 33607

City/State and Zip Code

mfreeman27@gmail.com

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

For further information concerning this matter, please call:

Meredith B. Freeman III

813 868-1590
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

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 | Meredith B. Freeman III | 1511 N Westshore BLVD Suite 1100 Tampa FL 33607 Tampa FL 33607 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Meredith B. Freeman III | 1511 N Westshore BLVD Suite 1100 Tampa FL 33607 Tampa FL 33607 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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