

K21000110244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

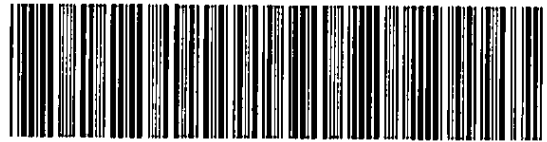
(Business Entity Name)

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CFA Media Group 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:

Michael Toby

\_\_\_\_\_  
Name of Person

CFA Media Group LLC

\_\_\_\_\_  
Firm/Company

5681 NW 40th Terrace

\_\_\_\_\_  
Address

Coconut Creek, Florida 33073

\_\_\_\_\_  
City/State and Zip Code

mtoby@mindfreemedia.com

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

For further information concerning this matter, please call:

Michael Toby

646 431-7573  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**If Changing Registered Agent, Signature of New Registered Agent**

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>           |
|--------------|-------------|----------------|---------------------------------|
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Change |
|              |             |                | <input type="checkbox"/> Add    |
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**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.

Dated May 4, 2021

Michael Foley  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Michael Toby

Typed or printed name of signee