

L23000154686

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DIVISION OF CORPORATIONS  
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Magfinn, 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:

Tyler Johnson

Name of Person

Threlkeld Law, P.A.

Firm/Company

3003 Tamiami Trail N., Suite 400

Address

Naples, FL 34103

City/State and Zip Code

tyler@napleslegal.net

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

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For further information concerning this matter, please call:

Tyler Johnson

239

234-5034

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>
MGR	Rodrigo G. Sala	705 MCBRIDE POINTE DR	<input type="checkbox"/> Add
		BALLWIN, MO 63011	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Natalia Ramos	705 MCBRIDE POINTE DR	<input type="checkbox"/> Add
		BALLWIN, MO 63011	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Rosina Estol Peixoto	6570 Monterey Pointe	<input type="checkbox"/> Add
		Naples, FL 34105	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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 August 16 2023

  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**