



# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CIMAK INSURANCE BROKERS 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:

SIMON NAON  
Name of Person

NAON AND CO LLC  
Firm/Company

331 NE 89TH STREET  
Address

MIAMI, FL 33138  
City/State and Zip Code

SIMON@NAONANDCO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SIMON NAON at 347 898-6079  
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

11/15/17





D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

Vertical handwritten text on the right side of the form.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 3/08/2024, \_\_\_\_\_

Romina Garcia Varano
Signature of a member or authorized representative of a member

ROMINA GARCIA

Typed or printed name of signer