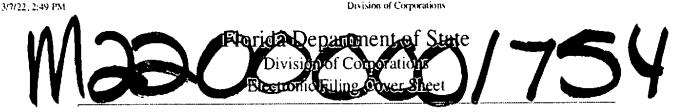
Division of Corporations

→ 18506176383



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000086222 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

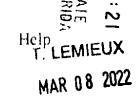
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EFL BROKERAGE LLC

Certificate of Status	0
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COVER LETTER

Division of	Corporations			
SUBJECT:	EFL B	ROKERAGE	LLC	
SUBJECT:	Name of Foreig	gn Limited L	ability Co	mpany
Dear Sir or Madam	:			
The enclosed applic	eation, certificate and fee(s)) are submitte	d for filing	g.
Please return all con	rrespondence concerning th	is matter to t	he followi	ng:
RICHARD ALTMAN	I, ESQ.			
	Name of Person			
	Firm/Company	, ,		
	7 Skyline Drive, suite 350		_	
	Address			
1	HAWTHORNE, NY 10532			
	City/State and Zip Cod	le		
RALTN	AAN@ALTMANLAWLLP.CO	OM		
E-mail address: (to be used for future annua	l report notifi	cation)	
For further informa	tion concerning this matter	, please call:		
RICHARD ALTMAN	I, ESQ.	914 at (598-2	347
Nan	ne of Person		de & Dayı	time Telephone Number
P.O. Box 6	n Section Corporations		Division The Ce 2415 N	address: ration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assec, FL 32303
Enclosed is ☐\$25 Filing Fee CR2E055 (9/15)	a check for the following \$30 Filing Fee & Certificate of Status	amount: ☐ \$55 Filii Certifica	-	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the	ne records of the Florida	Department of	
State:EFL BROKER	AGE LLC		
Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
2. The Florida document number of this limited liability	company is: M22000001	1754	
Jurisdiction of its organization: NEW YORK		· · · · · · · · · · · · · · · · · · ·	
4. Date authorized to do business in Florida: 02/03/2022			
SECTION II (5-9 complete only the applicable chang			
5. New name of the limited liability company: (must contr	ain "Limited Liability Co	ompany, ""L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the copy of the written consent of the managers or managing must contain "Limited Liability Company," "L.L.C." or	e purpose of transacting members adopting the s "LLC.")	business in Florida and attach a alternate name. The alternate name	ne
6. If amending the registered agent and/or registered offi registered agent and/or the new registered office address	cer address on our record	ds, enter the name of the new	
Name of New Registered Agent:		2022	
New Registered Office Address:		da Street Address	
	Enter Florid	T S S S S S S S S S S S S S S S S S S S	3
	City	, Florida)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent and the provisions of all statutes relative to the proper and c and accept the obligations of my position as registered a document is being filed to merely reflect a change in the liability company has been notified in writing of this change.	agree to act in this capa omplete performance of igent as provided for in (registered office addres.	my duties, an d t am fam ili ar with Chapter 605, F.S. Or, if this	7

itle/ Capacity	Name	Address Tyr	e of Actic
resident	William Wilkening	2100 NW 97th Ave. # 100 Doral FL 33172	■Add
			□Rem
President	Evan Rosen	2100 NW 97th Ave. # 100 Doral FL 33172	□Add
			■Rem
Teasurer	Mark Sola	2100 NW 97th Ave. # 100 Doral FL 33172	_⊟Add
			□Rem
reasurer	Roger Kohlbecker	2100 NW 97th Ave. # 100 Doral FL 33172	_ □Add
			_ ≣Rem
/ice Pres	Mark Sola	2100 NW 97th Ave. # 100 Doral PL 33172	EAdd
aforementio	a certificate, if required: no more ned amendment(s), duly authenti under the law of which this entity	than 90 days old, evidencing the icated by the official having custody of records in the y is organized.	_ □Rem
	Sign	nature of the authorized representative	

Filing Fee: \$25.00