

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

M22000086222/754

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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
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

2022 MAR -7 PM 3:07

2022 MAR -7 PM 1:21

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SEC. CLERK OF STATE
 TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu

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MAR 08 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EFL BROKERAGE LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RICHARD ALTMAN, ESQ.
Name of Person

Firm/Company

7 Skyline Drive, suite 350
Address

HAWTHORNE, NY 10532
City/State and Zip Code

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

For further information concerning this matter, please call:

RICHARD ALTMAN, ESQ. at (914) 598-2347
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$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 records of the Florida Department of State: EFL BROKERAGE 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: M22000001754

3. 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 changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

Florida

City

Zip Co

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STATE OF FLORIDA
TALLAHASSEE

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

The officers of the company are changed to

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President	William Wilkening	2100 NW 97th Ave. # 100 Doral FL 33172	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
President	Evan Rosen	2100 NW 97th Ave. # 100 Doral FL 33172	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Treasurer	Mark Sola	2100 NW 97th Ave. # 100 Doral FL 33172	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Treasurer	Roger Kohlbecker	2100 NW 97th Ave. # 100 Doral FL 33172	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Vice Pres	Mark Sola	2100 NW 97th Ave. # 100 Doral FL 33172	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Vera B. Ray

Signature of the authorized representative

Vera B. Ray

Typed or printed name of signee

Filing Fee: \$25.00