

LA4000289939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

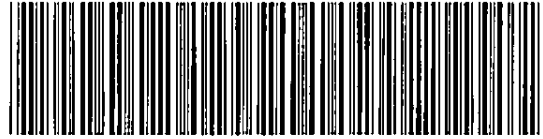
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07-11-2011 10:00:00 AM

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July 2, 2024

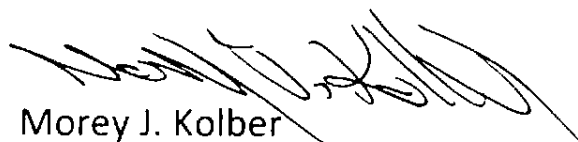
Registration Section Division of Corporations.

Please see attached amendment form completed for KOLBER CONSULTING GROUP LLC. The articles of organization were originally filed 6/27/2024 and L24000289939 is the document number. This is a single member LLC.

The only reason for the amendment was that I did not list myself as an authorized person and am submitting this form for that purpose.

A check is attached for \$55.00 for filing fee and certified copy.

Thank you

A handwritten signature in black ink, appearing to read 'Morey J. Kolber', is written over the printed name.

Morey J. Kolber

20910 via oleander #3

Boca Raton, Florida, 33428

954-610-1732

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KOLBER CONSULTING 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:

Morey J. Kolber

Name of Person

KOLBER CONSULTING GROUP LLC

Firm/Company

20910 via Oleander 3

Address

Boca Raton, Florida, 33425

City/State and Zip Code

moreykolber@gmail.com

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

For further information concerning this matter, please call:

Morey J. Kolber

954
at ()

610-1732

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

•

MGR = Manager

AMBR = Authorized Member

[illegible]

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

[illegible]

F. 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 July 2nd 2024

Signature of a member or authorized representative of a member

Morey J. Kolber

Typed or printed name of signee

Filing Fee: \$25.00