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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

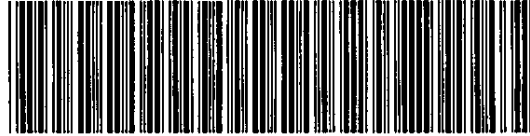
(Business Entity Name)

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16 JUL 25 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 27 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CONSULTING BUSINESS SOLUTION, 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:

PARRISH M SANCHEZ

Name of Person

CONSULTING BUSINESS SOLUTION, LLC

Firm/Company

16199 SW 54TH CT

Address

MIRAMAR, FL 33027

City/State and Zip Code

msanchez@cbsadvisor.com

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

For further information concerning this matter, please call:

PARRISH M. SANCHEZ

305 395 0026
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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Consulting Business Solution LLC

Page 1 of 3

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>
AMBR	PARRISH M. SANCHEZ	16199 SW 54th CT	<input type="checkbox"/> Add
		Mirmar, FL 33027	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
Director	MARIA C. SANCHEZ	16199 SW 54th CT,	<input type="checkbox"/> Add
		Miramar, FL 33027	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 TALLAHASSEE, FLORIDA

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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.

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.

2016

Signature of a member or authorized representative of a member

PARRISH M SANCHEZ

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA