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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

MAY - 1 2012

EXAMINE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MG CONSULTING, ENGINEERING AND CONSTRUCTION**  
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:

**SCHEBANIA PINCHINAT**

Name of Person

**MG CONSULTING**

Firm/Company

**4250 NW 25 PL**

Address

**LAUDERHILL FL 33313**

City/State and Zip Code

**HERSHEYG111@YAHOO.COM**

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

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For further information concerning this matter, please call:

**SCHEBANIA PINCHINAT**

Name of Person

at ( **954** )

**665-0844**

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



If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	HASCHBADDANA PINCHINAT	3330 SPANISH MOSS TERR APT110 LAUDERHILL FL 33319	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
P	HANS TOUSSAINT	4250 NW 25 PL LAUDERHILL FL 33313	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VP	PATRICK L. PINCHINAT	11 SEARLES PL BROCKTON MASS 02301	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 TALLAHASSEE, FLORIDA

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated 04/26, 2012

Schebana Pinchinat  
Signature of a member or authorized representative of a member

SCHEBANIA PINCHINAT  
Typed or printed name of signee