

**L08000010270**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

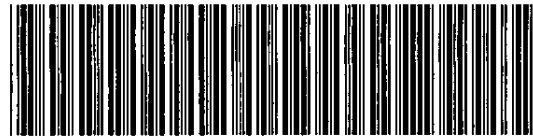
(Business Entity Name)

(Document Number)

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**MAR 23 2017**  
**S. YOUNG**

**FILED**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**  
**17 MAR 22 AM 10:37**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** AUGUSTINE CONSULTING, 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:

LAURENCE AUGUSTINE

\_\_\_\_\_  
Name of Person

AUGUSTINE CONSULTING, LLC

\_\_\_\_\_  
Firm/Company

2037 CROWN DRIVE

\_\_\_\_\_  
Address

SAINT AUGUSTINE, FL 32092

\_\_\_\_\_  
City/State and Zip Code

LARRY.AUGUSTINE@AUGUSTINECONSULTINGLLC.COM

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

For further information concerning this matter, please call:

LAURENCE AUGUSTINE

904  
at ( )

631-6983

\_\_\_\_\_  
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

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TALLAHASSEE, FL 32301  
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## 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>
			<input type="checkbox"/> Add
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17 MAR 22 AM 10:31

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.

Dated MARCH 20, 2017

Signature of \_\_\_\_\_

Signature of a member or authorized representative of a member

LAURENCE AUGUSTINE

Typed or printed name of signee