

# L08000054264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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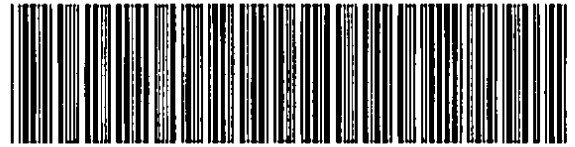
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Dell 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:

Harold L. Dell

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

Dell Consulting, LLC

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

129 E. Government Street

\_\_\_\_\_  
Address

Pensacola, FL 32502

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

Lynn@DellConsultingLLC.com

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

For further information concerning this matter, please call:

H. Lynn Dell

850

332-5687

at ( )

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

Area Code

Daytime Telephone Number

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TALLAHASSEE, FL

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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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Dell Consulting, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on June 02, 2008 and assigned Florida document number L08000054264.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

139 E. Government Street

Pensacola, FL 32502

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

139 E. Government Street

Pensacola, FL 32502

**B. If amending the registered agent and/or registered office 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:

Harold Lynn Dell

New Registered Office Address:

139 E. Government Street

*Enter Florida street address*

Pensacola

*City*

Florida 32502

*Zip Code*

**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.*

Harold Lynn Dell

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Harold L. Dell	139 E. Government Street	<input type="checkbox"/> Add
		Pensacola, FL 32502	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Harold L. Dell, Jr.	4181 Menedez Drive	<input checked="" type="checkbox"/> Add
		Pensacola, FL 32503	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Andrew Wayne Maurin	27070 Pecan Lane	<input checked="" type="checkbox"/> Add
		Elberta, AL 36560	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jason Anthony Matiacio	3935 Scenic Highway Circle	<input checked="" type="checkbox"/> Add
		Pensacola, FL 32504	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Romesh Harin Canekaratne	1105 Laguna Lane	<input checked="" type="checkbox"/> Add
		Gulf Breeze, FL 32563	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

The firm ownership was listed as my Trust (Revocable Trust of Harold Lynn Dell, Sr), however is should be  
in my personal name Harold Lynn Dell and not the Trust.

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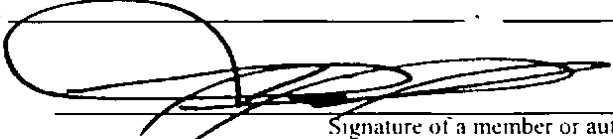
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 November 11, 2022



Signature of a member or authorized representative of a member

Harold Lynn Dell

Typed or printed name of signee