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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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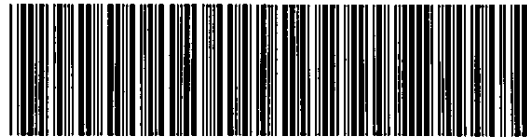
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **St. Johns Data 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:

Michael Antal

Name of Person

St. Johns Data Consulting, LLC

Firm/Company

450-106 SR 13 N, #103

Address

St. Johns, FL 32259

City/State and Zip Code

mantal@sjdcforensics.com

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

For further information concerning this matter, please call:

Michael Antal

Name of Person

904 657-7115

at ()
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

St. Johns Data Consulting, LLC

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MGR= Manager
AMBR= Authorized Member

☐ Remove

☐ Add

☐ Remove

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 15, 2014



Signature of a member or authorized representative of a member

Holly Antal

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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