

L160000030360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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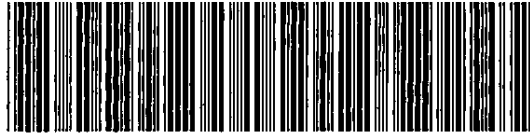
(Business Entity Name)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 APR - 9 PM 2:03

T. HAMPTON

APR 12 2010

EXAMINER

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: CHALLENGER CONSULTING GROUP 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:

SERPAGGI TUIL JULIA

Name of Person

CHALLENGER CONSULTING GROUP LLC

Firm/Company

35 NE 38TH STREET

Address

MIAMI, FL, 33137

City/State and Zip Code

TUILJULIA@GMAIL.COM

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

For further information concerning this matter, please call:

SERPAGGI TUIL JULIA

Name of Person

at ( 305 )

785 00 32

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

**CHALLENGER CONSULTING GROUP LLC**

Page 1 of 2

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>
MGR	SERPAGGI TUIL, JULIA	35 NE 38TH STREET MIAMI, FLORIDA, 33137	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 04/05/2010, MIAMI, FL

Signature of a member or authorized representative of a member

SERPAGGI TUIL, JULIA

Typed or printed name of signee

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10 APR -9 PM 2:07  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS