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(Requestor's Name)

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(City/State/Zip/Phone #)

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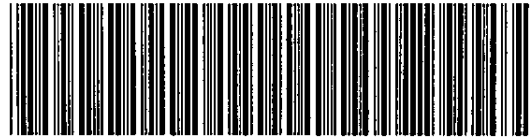
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **WORTHINGS 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:

FELICIA KALOYDIS

Name of Person

WORTHINGS CONSULTING, LLC

Firm/Company

P.O BOX 33484

Address

PENSACOLA, FL 32508

City/State and Zip Code

fk@worthingsconsulting.com

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

For further information concerning this matter, please call:

FELICIA KALOYDIS

Name of Person

404 229-8120

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

WORTHINGS CONSULTING, LLC

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	PATRICIA A. MOKUOLU	4475 WORTHINGS COURT POWDER SPRINGS GA 30127	☐ Add ☒ Remove
MGR	CHARLES A. MOKUOLU	4475 WORTHINGS COURT POWDER SPRINGS GA 30127	☐ Add ☒ Remove
MGR	RICHARD T. MOKUOLU	4475 WORTHINGS COURT POWDER SPRINGS GA 30127	☐ Add ☒ Remove
MGR	ROLAND K. MOKUOLU	4475 WORTHINGS COURT POWDER SPRINGS GA 30127	☐ Add ☒ Remove
MGR	FELICIA O. KALOYDIS	P.O BOX 33484 PENSACOLA, FL 32508	☐ Add ☒ Remove
			☐ Add ☐ Remove

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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 **SEPTEMBER 8**, **2014**

F. Kaloydis

Signature of a member or authorized representative of a member

FELICIA KALOYDIS

Typed or printed name of signee

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Filing Fee: \$25.00

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