

L12000058022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

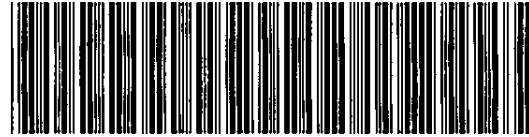
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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J. Givens JAN 13 2014

re/nd

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Wiltfong 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:

Keith Wiltfong
Name of Person

Wiltfong Consulting LLC
Firm/Company

7 St. Andrews Ct.
Address

Palm Coast, FL 32137
City/State and Zip Code

Kwiltfong@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keith Wiltfong at 904 521-0808
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

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

Florida mortgage Protection, LLC

Page 1 of 3

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:

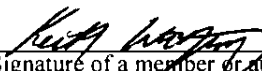
MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u> ^{Address change only}	<u>Type of Action</u>
MGR	Kristopher Wiltfong	S Eastman Ln Palm Coast, FL 32164	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> 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)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated January 7, 2014.



Signature of a member or authorized representative of a member
Keith Wiltsong

Typed or printed name of signee

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Filing Fee: \$25.00

14 JAN -9 AM 10:30
TALLAHASSEE, FLORIDA