

L13000050399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

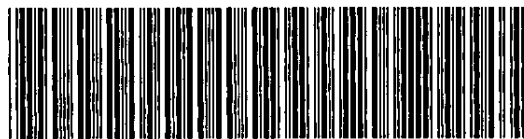
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500246641175

04/10/13--01015--004 **25.00

FILED

2013 APR 10 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 11 2013

J. BRYAN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **GROENEWOLD 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:

RODRIGO GROENEWOLD

Name of Person

GROENEWOLD CONSULTING, LLC

Firm/Company

13851 WEST HILLSBOROUGH AVE SUITE 180

Address

TAMPA, FL 33635

City/State and Zip Code

RODGROEN@OUTLOOK.COM

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

FILED
2013 APR 10 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

RODRIGO GROENEWOLD at **813 4545031**

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

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

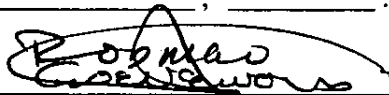
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
 2013 APR 10 PM 1:28
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

Dated 04/08, 2013



Signature of a member or authorized representative of a member

RODRIGO GROENEWOLD

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 APR 10 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA