

116 000009Z110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

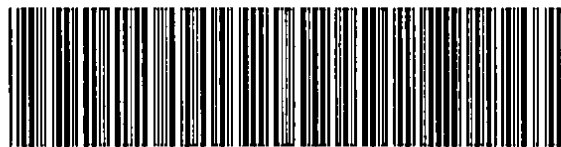
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2022 AUG 18 PM 12:09

J DENNIS
NOV 04 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEIDRICK 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:

Christopher W. Heidrick

Name of Person

HEIDRICK CONSULTING LLC

Firm/Company

1648 Periwinkle Way, Suite E

Address

Sanibel, FL 33957

City/State and Zip Code

chris@sanibelinsurance.com

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

For further information concerning this matter, please call:

Christopher W. Heidrick

239

579-0660

at (_____) _____

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGRM	Lisa W Heidrick	1648 Periwinkle Way, Suite E	<input type="checkbox"/> Add
		Sanibel, FL 33957	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lisa W Heidrick	1648 Periwinkle Way, Suite E	<input checked="" type="checkbox"/> Add
		Sanibel, FL 33957	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Heidrick Family Trst. UAD 2/19/21	1648 Periwinkle Way, Suite E	<input checked="" type="checkbox"/> Add
		Sanibel, FL 33957	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.


Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00