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(Address)

(City/State/Zip/Phone #)

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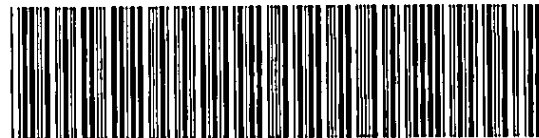
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JUN 28 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FLS 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:

Felipe Serpa  
Name of Person

FLS Consulting Group LLC.  
Firm/Company

8979 Old Pine Way  
Address

Boca Raton, FL 33433  
City/State and Zip Code

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

For further information concerning this matter, please call:

Felipe Serpa at ( 954 ) 531-2799  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



**MGR = Manager**  
**AMBR = Authorized Member**

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 STATE OF FLORIDA  
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Dated June 26th, 2018

Felipe Serpa  
Typed or printed name of signee