

L18000180930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

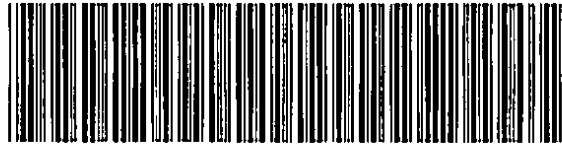
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Q. SILAS

JUN 3 2022

Office Use Only



700385494847

04/15/22--01010--018 \*\*30.00

FILED  
APR 15 AM 11:10  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: **Majestic Consulting Service 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:

Ella Woods

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

1407 County Road 222

\_\_\_\_\_  
Address

Wildwood FL 34785

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

Ella Woods

\_\_\_\_\_  
Name of Person

352 399-8137  
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 Address:**

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



[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

nted

Ella Woods

Signature of a member or authorized representative of a member

Ella Woods

Typed or printed name of signee

**Filing Fee: \$25.00**