

118000 227155

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

C. GOLDEN

FEB - 9 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bridge Builders 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:

Victor Nichols II  
Name of Person

Bridge Builders Consulting LLC  
Firm/Company

11628 Palmetto Pine St  
Address

Riverview, FL 33569  
City/State and Zip Code

Victor.nichols1@outlook.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Victor Nichols II at ( 813 ) 504-5446  
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

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~~ALL INFORMATION CONTAINED~~  
~~HEREIN IS UNCLASSIFIED~~  
~~DATE 08-14-2010 BY 60322 UCBAW~~

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

Page 1 of 3

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>
AMBR	Victor Nichols II	11628 Palmetto Pine St	<input checked="" type="checkbox"/> Add
		Riverview, FL 33569	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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**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.

Dated Feb. 1, 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee