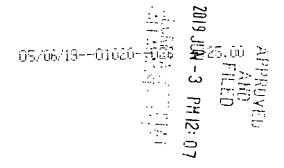
L19000056640

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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T GLASS



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 21, 2019

MICHELLE TOLINI 5700 92ND AVE. NORTH PINELLAS PARK, FL 33782

SUBJECT: MICHELLE TOLINI CONSULTING LLC

Ref. Number: L19000056640

We have received your document for MICHELLE TOLINI CONSULTING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass Regulatory Specialist II

Letter Number: 819A00010273

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ARPROVED ARD

RECEIVED
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COVER LETTER

TO:	Registration Section Division of Corporations	••				
SUBJE	MICHELLE TOLINI CONSU	JLTING LLC				
30131		me of Limited Lia	ibility Company			
Dear S	ir or Madam:					•
The en	closed Registered Agent/Registered Of	tice Change and	fee(s) are submitted for filing.			
Please	return all correspondence concerning th	nis matter to the t	following:			
Miche	elle Tolini					
	Name of Person		_			
місн	ELLE TOLINI CONSULTING LLC	С				
	Firm/Company		_			
5700	92nd Ave. North					
	Address				2019	
Pinella	as Park, FL 33782				2019 JUN - 3	3-
-	City/State and Zip Code		_		င်္မ	
m.tolii	ni.ach@gmail.com			12 17 17 17 17 17 17 17 17 17 17 17 17 17	P	(1) (1) (1)
E	-mail address: (to be used for future and	nual report notifi	cation)) -	.:	
For fur	ther information concerning this matter	; please call:			7	
Miche	lle Tolini	727	418-6264			
	Name of Person		Area Code & Daytime Telepho	one Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reş Div P.C	AILING ADDRESS: gistration Section rision of Corporations D. Box 6327 lahassee, Florida 32314			
	Enclosed is a check for the following	g amount:				
	2 \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy			

INHS18 (2/14)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF 11.1 11 11.1.1

Michelle la	olini Cons	sulting l	-LC	
(Name of the Limite	ed Liability Company a (A Florida Limited Liabi	s it now appears on our lity Company)	records.)	
The Articles of Organization for this Limited Li. Florida document number <u>L190005</u>		e filed on <u>2</u>	6/19	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liability	company here;		
The new name must be distinguishable and contain the wo	ords "Limited Liability C	ompany," the designation	on "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applica	able:		<u> </u>	
(Principal office address MUST BE A STREE	<u>T ADORESS)</u> _			<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I				AND ILED -3 PM 12: 07
B. If amending the registered agent and/or the new registered of		address on our r	ecords, enter the	name of the new
Name of New Registered Agent:	AN N			
New Registered Office Address:		Enter Florida stree	t address	
			, Florida	
		City		Lip Code
New Registered Agent's Signature, if changing Real hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of this content.	d agent and agree to er and complete per stered agent as prov egistered office add	formance of my dut ided for in Chapter	ies, and I am fami. 605, F.S. Or, if th	liar with and iis document is

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

Type of Action Title **Address** ☐ Change Remove ☐ Change Remove □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

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	Olini	From	AR	(Wha	huas	a Type)
to	AMB	R.					
)	Mank	- Jan +	
						2019 JUN - 3	FILE
						PM 12: 07	9
(If an effective date Note: If the date	if other than the da is listed, the date must be a inserted in this block ctive date on the Depa	specific and cannot be does not meet the	applicable statut	tory filing req	(optionan 90 days after puirements, this	tiling.) Pursuant to 605	5.0207 (ed as t
	cifies a delayed e ay after the recor		ut not an effe	ective time	, at 12:01 a	.m. on the earli	er of:
Dated Ma	430	Michiel	19 -	Tol	member		
		helle	or authorized repro		memoer		

Page 3 of 3

Filing Fee: \$25.00