

L2000000107681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

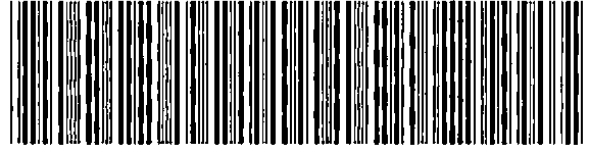
(Document Number)

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

Special Instructions to Filing Officer:

J. HORNE  
JUL 14 2022

Office Use Only



500390965605

U.S. DEPARTMENT OF JUSTICE  
TALLAHASSEE, FLORIDA

2022 JUL 13 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 JUL 13 AM 10:19

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 802621 7266213

AUTHORIZATION : 

COST LIMIT : \$ 25.00

-----  
ORDER DATE : July 13, 2022

ORDER TIME : 2:39 PM

ORDER NO. : 802621-005

CUSTOMER NO: 7266213  
-----

DOMESTIC AMENDMENT FILING

NAME: BLACKTIP BAY CONSULTING, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS: \_\_\_\_\_

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Blacktip Bay 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:

Tiffany W. Donio

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

Stevens & Lee

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

620 Freedom Business Center, Suite 200

\_\_\_\_\_  
Address

King of Prussia, PA 19406

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

Robert@BlackTipBay-Consulting.com

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

For further information concerning this matter, please call:

Tiffany Donio

610

205-6343

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

FILED  
2022 JUL 13 AM 10:2  
SECRETARY OF STATE  
TALLAHASSEE, FL 323  
(s.)

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

**If Changing Registered Agent, Signature of New Registered Agent**

[illegible]

[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)(c)

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**

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Blacktip Bay 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:

Tiffany W. Donio

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

Stevens & Lee

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

620 Freedom Business Center, Suite 200

\_\_\_\_\_  
Address

King of Prussia, PA 19406

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

Robert@BlackTipBay-Consulting.com

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

For further information concerning this matter, please call:

Tiffany Donio

610 205-6343

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