

L20 0001ZZ041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

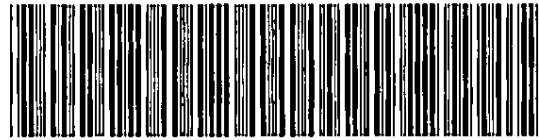
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21 MAY 20 PM 12:24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Winston 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:

Angelina Harmon

Name of Person

Winston Consulting, LLC

Firm/Company

6513 Bendelow Dr

Address

Lakeland, FL 33810

City/State and Zip Code

bendelow@yahoo.com

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Angelina Harmon

813 352-6738
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

21 MAY 20 PM 12: 24

(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

21 MAY 20 PM 12:24

AMBR = Authorized Member

[illegible]

