

L20 000200859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

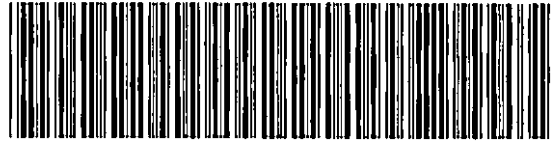
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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10:41:13 AM OCT 12 2020

OCT 12 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Llewellyn Consulting Solutions 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:

Dean Llewellyn

Name of Person

Llewellyn Consulting Solutions LLC

Firm/Company

1029 West terranova Way

Address

Staint Augustine, FL 32092

City/State and Zip Code

dmllewellyn73@gmail.com

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

For further information concerning this matter, please call:

Dean Llewellyn

at (757) 771-4578

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

12500 31 FEB 4:01

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

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

(Mailing address MAY BE A POST OFFICE BOX)

Zip Code

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Dean Llewellyn	1029 West Terranova Way	<input checked="" type="checkbox"/> Add
		Saint Augustine, FL 32092	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Titinesha Llewellyn	1029 West Terranova Way	<input checked="" type="checkbox"/> Add
		St. Augustine, FL 32092	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2020 AUG 31 PM 6:01

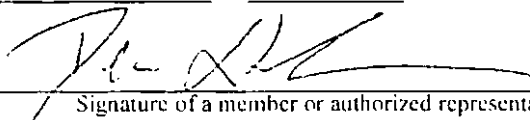
E. Effective date, if other than the date of filing: _____ (optional)

(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)(b)

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.

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.

Dated August 25, 2020



Signature of a member or authorized representative of a member

Dean Llewellyn

Typed or printed name of signer

Filing Fee: \$25.00