

L20000248797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

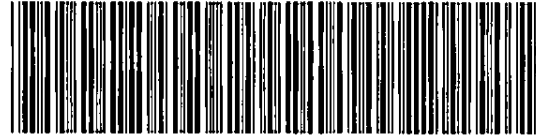
(Document Number)

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

Special Instructions to Filing Officer:

2/9/21

Office Use Only



900353010699

11/18/20--0103E--010 \*\*30.00

FILED

2021 FEB -9 PM 1:58

SECRETARY OF STATE  
TALLAHASSEE, FL

2/11/21

Or



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 22, 2020

SABRINA BEASLEY  
PO BOX 245745  
PEMBROKE PINES, FL 33024

SUBJECT: SLB CONSULTING SOLUTIONS LLC  
Ref. Number: L20000248797

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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) 245-6050.

Querida R Moore  
Regulatory Specialist II

Letter Number: 120A00025974

1/11/21-  
Filing Fee  
was not returned  
with correspondence.  
SchB

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SLB 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:

Sabrina Beasley  
Name of Person

SLB Consulting Solutions LLC  
Firm/Company

Po Box 245745  
Address

Pembroke Pines FL 33024  
City/State and Zip Code

slbconsultingsolutions@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sabrina Beasley at ( 954 ) 297-2160  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

2021 FEB -9 PM 1:58

SLB CONSULTING SOLUTIONS LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 8/14/2020 and assigned Florida document number L20000248797.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

*City*

**Florida**

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

**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>
--------------	-------------	----------------	-----------------------

<u>AR</u>	<u>Sabrina Beasley</u>	<u>18011 NW 48<sup>th</sup> Place</u>	<input type="checkbox"/> Add
-----------	------------------------	---------------------------------------	------------------------------

		<u>Miami Gardens, FL 33055</u>	<input type="checkbox"/> Remove
--	--	--------------------------------	---------------------------------

			<input checked="" type="checkbox"/> Change
--	--	--	--

<u><del>MGR</del></u> <sup>AB 1/11/21</sup>	<u>Sabrina Beasley</u>	<u>18011 NW 48<sup>th</sup> Place</u>	<input checked="" type="checkbox"/> Add
---	------------------------	---------------------------------------	---

		<u>Miami Gardens, FL 33055</u>	<input type="checkbox"/> Remove
--	--	--------------------------------	---------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

This image shows a single page from a notebook or ledger. It features ten evenly spaced, thin grey horizontal lines running across its entire width. The background is plain white, and there are no other markings, text, or illustrations present.

(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)

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.

11/6/2080.

Laburn Beasley

Sabrina Beasley  
Typed or printed name of signee

**Filing Fee: \$25.00**