

LZC000 272525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

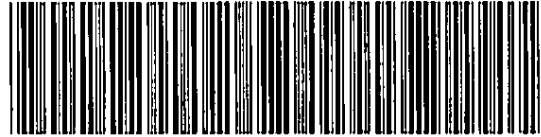
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

D. BRUCE  
NOV 01 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MAJOR 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:

ALEXANDER BLACK

Name of Person

MAJOR CONSULTING LLC

Firm/Company

3100 SW 35TH PL. #10D

Address

GAINESVILLE/FLORIDA 32608

City/State and Zip Code

ABBLACK2315@GMAIL.COM

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

For further information concerning this matter, please call:

ALEXANDER BLACK

352 222-0795  
at ( )

Name of Person

Area Code

Daytime Telephone Number

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Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**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>                   |
|--------------|-----------------|-----------------------|---|
| AMBR         | ALEXANDER BLACK | 3100 SW 35TH PL. #10D | <input checked="" type="checkbox"/> Add |
|              |                 |                       | <input type="checkbox"/> Remove         |
|              |                 |                       | <input type="checkbox"/> Change         |
|              |                 |                       | <input type="checkbox"/> Add            |
|              |                 |                       | <input type="checkbox"/> Remove         |
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TALLAHASSEE  
COUNTY  
FLORIDA

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

I DID NOT MAKE MYSELF THE AUTHORIZED PERSON ON BEHALF OF MAJOR CONSULTING  
DESPITE BEING THE REGISTERED AGENT. I, ALEXANDER BLACK, NEED TO BE THE AUTHORIZED  
PERSON ON BEHALF OF THIS COMPANY.

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**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 SEPTEMBER 21, 2020



Signature of \_\_\_\_\_  
a member or authorized representative of a member

ALEXANDER BLACK

Typed or printed name of signee