

L21 000 265 317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

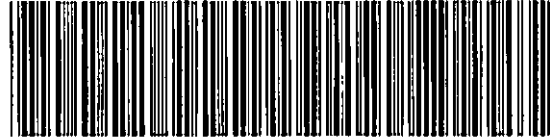
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Amend

07/22/21--01014--010 **60.00

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DEPARTMENT OF STATE
SECRETARY OF STATE
OFFICE OF THE CLERK

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AUG 06 2021
A RAMSEY

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bel IT 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:

Doug Johnston

Name of Person

Bel IT Consulting, LLC

Firm/Company

720 Verbenia Drive

Address

Satellite Beach, FL 32937

City/State and Zip Code

ali@beltechservices.com

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

For further information concerning this matter, please call:

Alicia Johnston

954

821-4866

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

2021 JUL 22 PM 12 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

[illegible]

Typed or printed name of signee