

L220000088501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

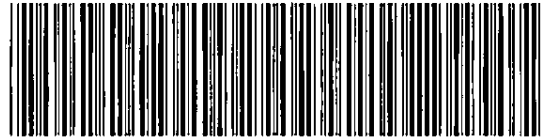
(Business Entity Name)

(Document Number)

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Y. SCOTT

OCT - 7 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CERVI CONSULTING SERVICES, 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:

MICHAEL CERVI

Name of Person

CERVI CONSULTING SERVICES, LLC

Firm/Company

6650 LINO RD

Address

NORTH PORT, FL 34287-2166

City/State and Zip Code

CerviConsultingServices@gmail.com

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

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For further information concerning this matter, please call:

MICHAEL CERVI

816

305-1904

Name of Person

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

If Changing Registered Agent, Signature of New Registered Agent

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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	ANNIE C CERVI	6650 LINO RD.	<input type="checkbox"/> Add
		NORTH PORT, FL 34287	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MICHAEL A CERVI	6650 LINO RD.	<input checked="" type="checkbox"/> Add
		NORTH PORT, FL 34287	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANNIE C CERVI	6650 LINO RD.	<input checked="" type="checkbox"/> Add
		NORTH PORT, FL 34287	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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DIVISION OF CORPORATE REGISTRATION

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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(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.

Dated September 22 2023

MKB

Signature of a member or authorized representative of a member

MICHAEL A CERVI

Typed or printed name of signee

Filing Fee: \$25.00