

L33 000 10 4 983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

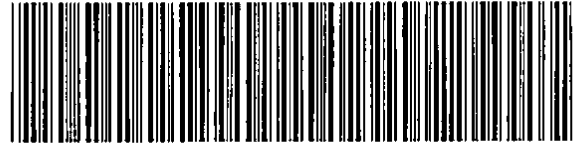
(Business Entity Name)

(Document Number)

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2021/09/22 PM 2:25
09/23/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OLORUM CONSULTING AND 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:

Adriana Sanfelice

Name of Person

Phoros Tax LLC

Firm/Company

5728 Major Boulevard Suite 611

Address

Orlando FL 32819

City/State and Zip Code

adriana.sanfelice@phorostax.com

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

For further information concerning this matter, please call:

Adriana Sanfelice

407

820-1958

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

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

2004-02-25

Typed or printed name of signee