

L23 000 555058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

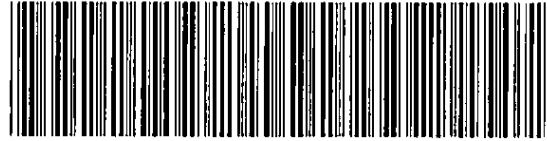
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700421350077

01/26/24--01002--003 **25.00

RECEIVED
2024 JAN 26 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

753- 11:55 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FL

R. HUNT

01/26/24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MLBB 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 J. Barker

Name of Person

Firm/Company

12428 San Jose Blvd, Suite 5

Address

Jacksonville, FL 32223

City/State and Zip Code

mbarker@duck.com

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

FILED
JAN 15 2015
AM 9:55
TALLAHASSEE, FL

For further information concerning this matter, please call:

Michael J. Barker

904 226-3660

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 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	BARKER, LAUREN F	12428 SAN JOSE BLVD, SUITE 5	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32223	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

STATE
AM 9:55

77 11 165 AM 9:56
STATE
FL

(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.

MB
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00