

L24000414430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

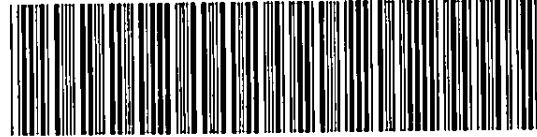
(Document Number)

Certified Copies _____

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Office Use Only



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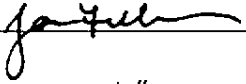
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OCT 3 AM 7:56
STATE
FL

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2024 OCT -3 AM 10:45
STATE
FL

A. HUNT

10/03/24

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: \$60.00
Authorization Signature: 
MWCR CONSULTING, LLC L24000414430
Business Document #

 Walk in Will wait

 X Certified Copy of the Articles of Organization
 X Certificate of Status

NEW FILINGS

 Profit
 Not for Profit
 LLC
 Domestication
 INC
 CORP
 OTHER

AMENDMENTS

 X Amendment
 Resignation of R.A. Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Conversion
 Statement of Correction.
 Merger

OTHER FILINGS

 Annual Report
 Fictitious Name
 Statement of Authority
 APOSTIL
 COUNTRY

REGISTRATION/QUALIFICATIONS

 Foreign Filing
 Partnership
 Reinstatement
 CORRECTION for a Foreign LLC
 Domestication of a Foreign Corp.
 Other

EXAMINER'S INITIALS:

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MWCR 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:

Catharine Riebenack Wilson

Name of Person

Firm/Company

9010 Pittsburgh Blvd

Address

Fort Myers, FL 33967

City/State and Zip Code

Mwclconsulting.llc@gmail.com

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

For further information concerning this matter, please call:

Catharine Riebenack Wilson

239 218-4310
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]

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

E. Effective date, if other than the date of filing: 09/23/24 (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 October 3rd 2024

Catherine Rebecca Wilson + Mike Wilson

Signature of a member or authorized representative of a member

Catharine Riebenack' Wilson & Michael W. Wilson

Typed or printed name of signee

Filing Fee: \$25.00