

MZ0 000000 2163

(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



700364892467

04/26/21--01013--022 **52.50

O SIMMONS

JUL 21 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 22, 2021

ANTHONY CANTINELLA
5255 N FEDERAL HWY, STE 100
BOCA RATON, FL 33487

SUBJECT: CONSEQUENCE HOLDINGS, LLC
Ref. Number: M20000002163

We have received your document for CONSEQUENCE HOLDINGS, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE INDICATE WHAT NEEDS TO BE AMENDED OF THE FORM.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 821A00014182

RECEIVED
2021 JUL -6 PM 1:17



RECEIVED

2021 JUN 18 PM 2:07

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2021

ANTHONY CATINELLA
5255 N FEDERAL HWY, STE 100
BOCA RATON, FL 33487

SUBJECT: CONSEQUENCE HOLDINGS, LLC
Ref. Number: M20000002163

We have received your document for CONSEQUENCE HOLDINGS, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LP, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 021A00012741

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CONSEQUENCE HOLDINGS LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANTHONY CATINELLA
Name of Person

Consequence Holdings LLC
Firm/Company

5255 N. FEDERAL Hwy Ste 100
Address

BOCA RATON FL 33487
City/State and Zip Code

Rick@Consequence.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Catinella at (561) 945-7744
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: CONSEQUENCE HOLDINGS LLC

Enter new principal office address, if applicable: 5255 N. FEDERAL Hwy

(Principal office address
MUST BE A STREET ADDRESS)

Suite 100
Box 120071 334187

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M20000002163

3. Jurisdiction of its organization: FL

4. Date authorized to do business in Florida: 02/24/2020

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

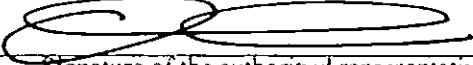
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>MICHAEL ROFFMAN</u>	<u>721 W. BRIAR PL</u>	<input type="checkbox"/> Add
		<u>GRN. CHICAGO, ILL</u>	<input checked="" type="checkbox"/> Remove
		<u>60657</u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>MGR</u>	<u>SATAN SHIVA</u>	<u>5255 N. FEDERAL HWY</u>	<input checked="" type="checkbox"/> Add
		<u>Ste 100 - Bocklinton</u>	<input type="checkbox"/> Remove
		<u>33487</u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

ANTHONY G. T. [illegible]
Typed or printed name of signee

Filing Fee: \$25.00