

L14600005362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

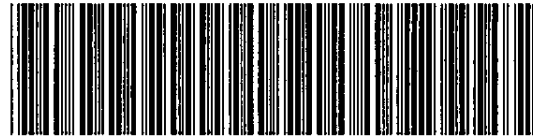
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

16 JAN 28 PM 12:27

121 2910

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FOUR SHIELDS, 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:

Cristin Silliman

Name of Person

The Legacy Law Firm, LLC

Firm/Company

PO Box 2365

Address

Oldsmar, FL 34677

City/State and Zip Code

cristins@thelegacylawfirmllc.com

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

For further information concerning this matter, please call:

Cristin Silliman

Name of Person

at **813 925-8083**

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FOUR SHIELDS, LLC

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
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MGR	Madlein Mishriki	PO Box 172582	<input type="checkbox"/> Add
		Tampa, FL 33672	<input checked="" type="checkbox"/> Remove

MGR	Wassaf Hanna	PO Box 172582	<input type="checkbox"/> Add
		Tampa, FL 33672	<input checked="" type="checkbox"/> Remove

MGR	MAMA MIWA TRUST	PO Box 172582	<input checked="" type="checkbox"/> Add
		Tampa, FL 33672	<input type="checkbox"/> Remove

MGR	Madlein Mishriki, as trustee of the MAMA MIWA TRUST	PO Box 172582	<input checked="" type="checkbox"/> Add
		Tampa, FL 33672	<input type="checkbox"/> Remove

MGR	Wassaf Hanna, as trustee of the MAMA MIWA TRUST	PO Box 172582	<input checked="" type="checkbox"/> Add
		Tampa, FL 33672	<input type="checkbox"/> Remove

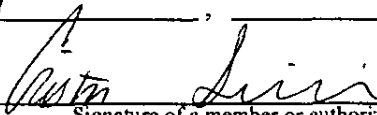
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 1/24/14


Signature of a member or authorized representative of a member

Carsten Silliman
Typed or printed name of signee

14 JAN 28 PM 10:27
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