

L14 0006 84766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

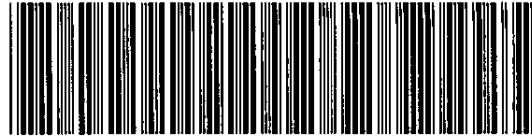
(Business Entity Name)

(Document Number)

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14 JUN 2014
14 JUN 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Glidesaddle 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:

Jeff Chesak

Name of Person

Glidesaddle LLC

Firm/Company

1121 Monteagle Circle

Address

Apopka, FL 32712

City/State and Zip Code

glidesaddle@gmail.com

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

For further information concerning this matter, please call:

Jeff Chesak

Name of Person

at **407 383-2212**

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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>
MGR	Elizabeth I. Chesak	1121 Monteagle Circle	<input type="checkbox"/> Add
		Apopka, FL, 32712	<input checked="" type="checkbox"/> Remove
AMBR	Elizabeth I. Chesak	1121 Monteagle Circle	<input checked="" type="checkbox"/> Add
		Apopka, FL 32712	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<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 June 23, 2014.

Jeffrey A. Chesak

Signature of a member or authorized representative of a member

JEFFREY A. CHESAK

Typed or printed name of signee

FILED
JUN 23 2014
CLERK OF COURT
JULIA A. HARRIS
CLERK OF COURT