

U4000 179665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

2.000000 FEB 13 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Global Modern Innovations, 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:

Layth Faraj

Name of Person

Global Modern Innovations, LLC

Firm/Company

18138 Regents Square Drive

Address

Tampa, FL 33647

City/State and Zip Code

LFARAJ.GMI@GMAIL.COM

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

For further information concerning this matter, please call:

Layth Faraj

813

748-8689

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/COURIER ADDRESS:

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

Global Modern Innovations, 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>
MGR	Erik Estrada	2206 E 132ND AVE APT #908	<input type="checkbox"/> Add
		Tampa, FL 33612	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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15 FEB - 6 AM 12:12  
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CLERK OF DISTRICT  
ALL AMASSEC OF FLORIDA

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

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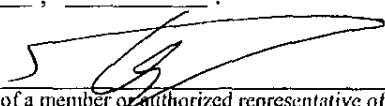
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(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 2/3/2015

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Layth Faraj

\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

15 FEB - 6 AM 10:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA