

L15000105477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

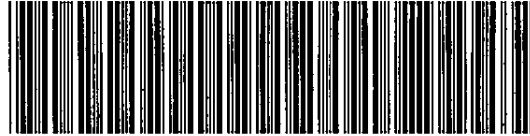
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CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren

JUN 21 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2016

THOMAS L. HA
7035 PHILIPS HIGHWAY, SUITE 11
JACKSONVILLE, FL 32216

SUBJECT: GLASS KING, LLC
Ref. Number: L15000105477

We have received your document for GLASS KING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 1 missing, Page 2 incomplete

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) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 316A00011498

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GLASS KING, 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:

THOMAS L. HA

Name of Person

GLASS KING, LLC

Firm/Company

7035 PHILIPS HWY, SUITE 11

Address

JACKSONVILLE, FL 32216

City/State and Zip Code

GLASSKINGJAX@GMAIL.COM

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

For further information concerning this matter, please call:

THOMAS L. HA

at 757 375-5738

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

~~United Specialty Insurance Co~~ Glass King LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on June 17/19 and assigned Florida document number USA 4042436-15000105477

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	<u>Thomas /ta</u>	<u>7035 Phillips Hwy #11</u>	<input type="checkbox"/> Add
		<u>Jaco, FL 32216</u>	<input type="checkbox"/> Remove
		<u>Jacksonville</u>	<input checked="" type="checkbox"/> Change
MGR	ELIZABETH A. JONES	7035 PHILIPS HWY, SUITE 11	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32216	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
N/A			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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

A MANAGER-MANAGED COMPANY PER. 608.422, F.S.

E. Effective date, if other than the date of filing: _____ (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

5/20/16

2016
~~2015~~

Signature of a member or authorized representative of a member

THOMAS L. HA

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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TAMM L. HAAS
FLORIDA