

L15000109349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

ified Copies _____ Certificates of Status _____

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Office Use Only



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09/28/20--01003--004 **60.00

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CLERK OF STATE
TALLAHASSEE, FL

TG 11/2/20

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: World of Glass of Central Florida II, 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:

Mohamad Elkhaldi

Name of Person

World of Glass of Central Florida II, LLC

Firm/Company

7825 Ellis Rd., Suite C

Address

West Melbourne/FL 32904

City/State and Zip Code

melkhaldi@aol.com

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

For further information concerning this matter, please call:

Mohamad Elkhaldi

Name of Person

321

806-5323

at ()

Area Code

Daytime Telephone Number

The 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

If Changing Registered Agent, Signature of New Registered Agent

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

IGR = Manager

MBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	Mohamad Elkhaldi	2815 Dairy Rd.	<input type="checkbox"/> Add
		Melbourne, FL 32904	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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1. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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TALLAHASSEE, FL

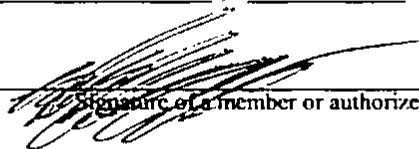
Effective date, if other than the date of filing: _____ **(optional)**

(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.

he 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
ord is filed.

Dated September 23, 2020



Signature of a member or authorized representative of a member

Mohamad Elkhaldi

Typed or printed name of signee

Filing Fee: \$25.00