

45000175734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

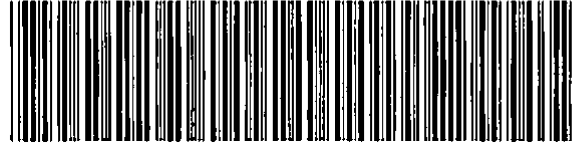
(Business Entity Name)

(Document Number)

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2019 SEP 16 PM 2:58
TALLAHASSEE, FL

SEP 25 2019
C 400

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADVANCED WINDOW FILMS & MORE 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:

CLARA SCARANO

Name of Person

ADVANCED WINDOW FILMS & MORE LLC

Firm/Company

3850 NW 2ND AVE # 17

Address

BOCA RATON, FL 33432

City/State and Zip Code

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

For further information concerning this matter, please call:

CLARA SCARANO

754

210-0305

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

ADVANCED WINDOW FILMS & MORE LLC

Page 1 of 3

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MOBILE WINDOW TINTING ENTERPRISES INC	4601 SW 151 WAY	<input type="checkbox"/> Add
		MIRAMAR, FL 33027	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VICLAR, INC	1006 FAIRFAX LANE	<input checked="" type="checkbox"/> Add
		WESTON, FL 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

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

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.

Dated AUGUST 31 ST 2019

Signature of member

CLARA SCARANO

Typed or printed name of signee