

L18000 132563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

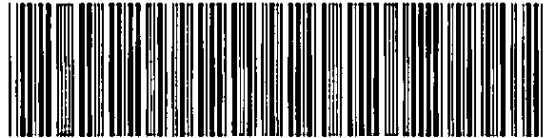
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 JUN 15 PM 1:19
DIVISION OF CORPORATIONS
SECRETARY OF STATE

N COOPER

JUN 18 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAUREGUI GLASS 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:

MARIEZA ANDRADE
Name of Person

JAUREGUI GLASS LLC
Firm/Company

295 AVE F
Address

CHUQUOTA FL 32766
City/State and Zip Code

Mari9121@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIEZA ANDRADE at (407) 488-0315
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 Str Certified Copy (additional copy is

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

Jauregui Glass 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>
MGR	OSCAR JAUSCUI	295 Ave F	<input type="checkbox"/> Add
		CHOIQUOTA FL 32766	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARIZA ANDRADE	295 Ave F	<input checked="" type="checkbox"/> Add
		CHOIQUOTA FL 32766	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JUN 15 PM 1:319

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 JUNE 12, 2018.

 
Signature of a man

Mari Zé ANDRADE

Typed or printed name of signee