

L18000 140314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

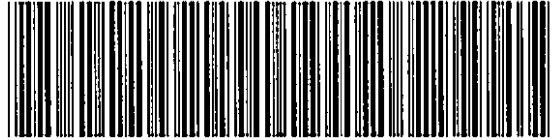
(Business Entity Name)

(Document Number)

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18 JUL 19 AM 9:34
SECRETARY OF JUDICIARY
DIVISION OF CORPORATIONS

N COOPER

JUL 27 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hi Service 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:

Ernesto Medina
Name of Person

Firm/Company

2141 NW 82 Terrace
Address

Sunrise FL, 33322
City/State and Zip Code

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

For further information concerning this matter, please call:

Ernesto Medina at (954) 654-4224
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Hi service LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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	Georgie Peria	325 Calusa Street	<input type="checkbox"/> Add
		Key Largo FL 33037	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Anshu Peria	325 Calusa St	<input type="checkbox"/> Add
		Key Largo FL 33037	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Rafael Ceval	325 Calusa St	<input checked="" type="checkbox"/> Add
		Key Largo FL 33037	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

18 JUL 19 AM 9:34

E. Effective date, if other than the date of filing: 6/6/13 (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.

(b) The 90th day after the record is filed.

Dated 7/16/18. 2018

Ernesto medina

Signature of a member or authorized representative of a member

Amesbury

Typed or printed name of signee