

L19000063410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

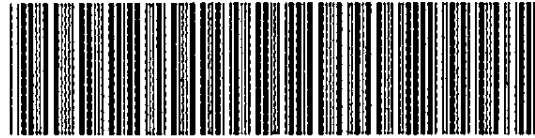
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

5  
2/11/21

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Glass Splicing Specialist 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:

Ryan Olivo

Name of Person

Glass Splicing Specialist LLC

Firm/Company

11460 NW 32ND PL

Address

Sunrise

City/State and Zip Code

GSSFiber2019@gmail.com

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

Further information concerning this matter, please call:

Olivo

Name of Person

at ( 917 ) 4408679

Area Code

Daytime Telephone Number

and is a check for the following amount:

☐ \$0.00 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)

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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

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

Glass Splicing Specialist 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 04/04/2019 and assigned  
Florida document number L19000063410.

This amendment is submitted to amend the following:

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

ber Ghost LLC

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

**ter new principal offices address, if applicable:**

**ncipal office address MUST BE A STREET ADDRESS)**

**er new mailing address, if applicable:**

**ling address MAY BE A POST OFFICE BOX)**

**amending the registered agent and/or registered office address on our records, enter the name of the new registered  
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

**istered Agent's Signature, if changing Registered Agent:**

*I accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the  
s of all statutes relative to the proper and complete performance of my duties, and I am familiar with and  
z obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is  
t to merely reflect a change in the registered office address, I hereby confirm that the limited liability  
has been notified in writing of this change.*

**If Changing Registered Agent, Signature of New Registered Agent**

...authorized to manage, enter the title, name, and address of each person being added  
... removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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FL

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

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)

2 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the  
ment's effective date on the Department of State's records.

cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
 1. The 90th day after the record is filed.

December 16, 2020

Signature of a member or authorized representative of a member

Rvan Olivo

Typed or printed name of signee