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2020 JUN 12 PM 4: 01
TALLAHASSEE, FLORIDA

YS
6/30/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHIELD UR LIFE 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:

JEAN, SHWAGKS

Name of Person

SHIELD UR LIFE LLC

Firm/Company

16499 NE 19TH AVE SUITE 215

Address

NORTH MIAMI BEACH, FL 33162 UN

City/State and Zip Code

SJEAN910@GMAIL.COM

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

For further information concerning this matter, please call:

SHWAGKS JEAN

954 5942107
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 Address:

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

SHIELD UR LIFE LLC

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

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(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)

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 _____, _____.

Signature of a member or authorized representative of a member

SHWAGKS JEAN

Typed or printed name of signee

Filing Fee: \$25.00