

h21000187274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

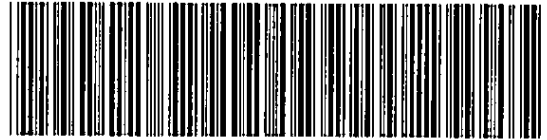
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08/27/21



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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE GLENS SAFE HAVEN SOLUTION, 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:

Kareen Robinson

Name of Person

THE GLENS SAFE HAVEN SOLUTIONS, LLC

Firm/Company

5881 NW 16th Place, Apt 125

Address

Sunrise, FL 33313

City/State and Zip Code

safehaveninjamaica@gmail.com

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

For further information concerning this matter, please call:

Kareen Robinson

954

557-8999

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

If Changing Registered Agent, Signature of New Registered Agent

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	Tamara Francis	5971 NW 16th Place, Apt 8	<input checked="" type="checkbox"/> Add
		Sunrise, FL 33313	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Larkland A Burton	5881 NW 16th Place, Apt 125	<input checked="" type="checkbox"/> Add
		Sunrise, FL 33313	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

24

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

E. Effective date, if other than the date of filing: April 22, 2021 (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 August 8

2021

Signature of a member or authorized representative of a member

Kareen Robinson

Typed or printed name of signee

Filing Fee: \$25.00