

h21 000 217794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

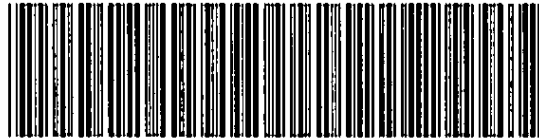
Special Instructions to Filing Officer:

Received
09/27

Office Use Only

S. CHATHAM

NOV 03 2021



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07/06/21--01018--009 **30.00

FILED
CLERK OF DISTRICT COURT
21 SEP 27 AM 5:07

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Add Authorized officer to an existing company (AMERICAN SKYLIGHT 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:

QASEM ALABED

Name of Person

AMERICAN SKYLIGHT LLC

Firm/Company

1439 DORADO DRIVE APT B

Address

KISSIMMEE, FLORIDA. 34741

City/State and Zip Code

ALQASEM70@GMAIL.COM

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

For further information concerning this matter, please call:

QASEM ALABED

at (407) 731-3458

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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 Address:

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

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
21 SEP 27 AM 5:07



FLORIDA DEPARTMENT OF STATE
Division of Corporations

MAILED

2021 SEP 27 PM 3:45

July 26, 2021

QASEM ALABED
1439 DORADO DRIVE
APT B
KISSIMMEE, FL 34741

SUBJECT: AMERICAN SKYLIGHT LLC
Ref. Number: L21000217794

We have received your document for AMERICAN SKYLIGHT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham
OPS

Letter Number: 421A00017348

FILED
CLERK OF THE STATE
DIVISION OF CORPORATIONS
21 SEP 27 AM 5:07

If Changing Registered Agent, Signature of New Registered Agent

If attending 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>
CEO	QASEM ALABED	1439 Dorado Dr Apt B, Kissimmee, FL, 34741	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2 SEP 27 AM 5:07
TAMPA

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

21 SEP 27 AM 5:07

21 SEP 27 AM 5:07.

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 07/01/2021

Signature of a member or authorized representative of a member

QASEM ALABED

Typed or printed name of signee

Filing Fee: \$25.00