

L71 000 220927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

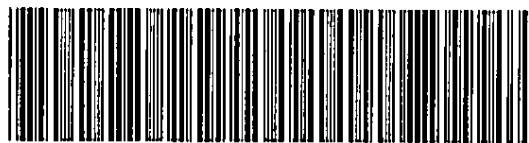
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500370839665

09/02/21--01023--027 **25.00

2021 AUG -2 PM 3:01
FBI - MEMPHIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: IRON GLASS USA

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:

ENRIQUE CASTRO

Name of Person

IRON GLASS USA

Firm/Company

11495 NW 79 LN

Address

MEDLEY, FL 33178

City/State and Zip Code

INFO@IRONGLASSWEB.US

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

For further information concerning this matter, please call:

ENRIQUE MARTIN CASTRO

Name of Person

786 4884259
at (_____) _____
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
211 E. Michigan Street, Suite 210
Tallahassee, FL 32301

If Changing Registered Agent, Signature of New Registered Agent

Title	Name	Address	Type of Action
MGR	ALBERTO OSCAR FONTELA	11495 NW 79 LN, MEDLEY FL 33178	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

EIN NUMBER 86-3905324

9091 AUG -2 P:1 3:01

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 JULY 29, 2021

Signature of a member or authorized representative of a member

ENRIQUE MARTIN CASTRO

Typed or printed name of signee