

K21000317440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

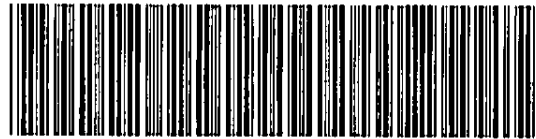
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100370489631

07/23/21--01016--005 **75.00

FILED
2021 JUL 23 AM 7:28
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bond Auto Glass of Tampa Bay, 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:

Mikel Slaman
Name of Person
Bond Auto Glass of Tampa Bay, LLC
Firm/Company
9602 US Highway 19 Suite 309
Address
Port Richey, FL 34668
City/State and Zip Code
admin@bondautoglass.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mikel Slaman 833 865.2663
Name of Person at () 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 32302

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>
MGR	Mikel Slaman	7039 Nebula Street Weeki Wachee, FL 34613	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Change Authorized Representative to Manager	<input checked="" type="checkbox"/> Change
MGR	Christopher Ott	12863 Downstream Circle Orlando, FL 32828	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Change Authorized Representative to Manager	<input checked="" type="checkbox"/> Change
AR	Lightning Capital Investment Trust	5811 BEVERLY DRIVE Hudson, FL 34667	<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

FILED
2021 JUL 23 AM 7:29
SECRETARY OF STATE
TALLAHASSEE, FL

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

FILED
2021 JUL 23 AM 7:29
SECRETARY OF STATE
TALLAHASSEE, FL

F. 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 805 (2017) (3)(c)

Note: If the date invented 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 19th 2021

Signature of a member or authorized representative of a member

Mykel Shuman

Typed or printed name of signee

Filing Fee: \$25.00