

h22 000105566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

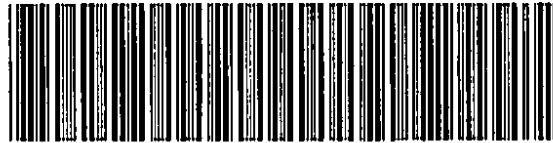
(Document Number)

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Office Use Only

*[Handwritten Signature]*



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22 AUG 15 AM 8:48  
DIVISION OF CORPORATIONS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Glonaro 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:

Rigoberto Garcia

\_\_\_\_\_  
Name of Person

Glonaro LLC

\_\_\_\_\_  
Firm/Company

3613 Pine Oak Cr , Unit 103

\_\_\_\_\_  
Address

Fort Myers, FL 33919

\_\_\_\_\_  
City/State and Zip Code

dorabibb@gmail.com

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

For further information concerning this matter, please call:

Dora Bibb

786 546-0408

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

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DIVISION OF CORPORATIONS

Glonaro LLC

**If Changing Registered Agent, Signature of New Registered Agent**

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THE UNIVERSITY OF CHICAGO

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	Carlos Garcia	3613 Pine Oak Cr, Unit 103	<input type="checkbox"/> Add
		Fort Myers FL 33919	<input checked="" 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
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1st DISTRICT  
DIVISION OF CORRECTIONS

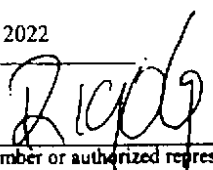
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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DIVISION OF CORPORATIONS

E. Effective date, if other than the date of filing: 07/05/2022 (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 5th, 2022

  
Signature of a member or authorized representative of a member

Rigoberto Garcia

Typed or printed name of signer

Filing Fee: \$25.00