

L23000094379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

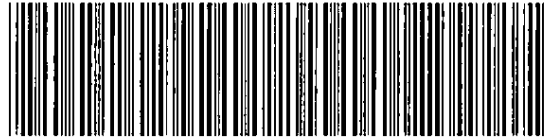
(Business Entity Name)

(Document Number)

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2023 JUN 20 10:37

COVER LETTER

TO: Registration Section
Division of Corporations

HD SMART GLASS USA, LLC

SUBJECT: _____
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:

Mahdi Musleem

Name of Person

HD SMART GLASS USA, LLC

Firm/Company

1707 Bridgewater Dr.

Address

Lake Mary FL 32746

City/State and Zip Code

mahdi@musleem.com

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

For further information concerning this matter, please call:

Mahdi Musleem

407 4307779

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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	Jad Hamadeh	335 S Biscayne Blvd	<input checked="" type="checkbox"/> Add
		Apartment 2905	<input type="checkbox"/> Remove
		Miami Florida 33131	<input type="checkbox"/> Change
MGR	Karim Zeidan	335 S Biscayne Blvd	<input checked="" type="checkbox"/> Add
		Apartment 2905	<input type="checkbox"/> Remove
		Miami Florida 33131	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

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2017

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.

(b) The 90th day after the record is filed.

Dated June 2nd 2023.

Muckohi Muskan

Signature of a member or authorized representative of a member

Mahdi Muslim

Typed or printed name of signee