

L23000240656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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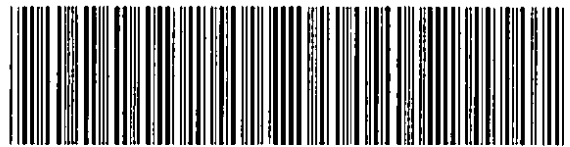
(Business Entity Name)

(Document Number)

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FILING OFFICE
STATE OF FLORIDA

C/- 8/10/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GLASSY SHIELD, 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:

ANA Y. HERNANDEZ

Name of Person

GLASSY SHIELD, LLC

Firm/Company

16 REINS CT.

Address

KISSIMMEE, FL 34743

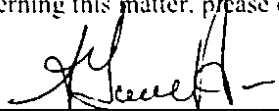
City/State and Zip Code

glassyshield.fl@gmail.com

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

For further information concerning this matter, please call:

ANA Y. HERNANDEZ



407
at ()

218-3782

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

[illegible]

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records.)

A. If amending name, enter the new name of the limited liability company here:

(Mailing address MAY BE A POST OFFICE BOX)

_____, Florida _____
City Zip Code

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is a small dark smudge or mark near the center-right of the page. The paper appears to be part of a notebook or a document template.

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 THURSDAY, JUNE 22 2023

Signature of a member or authorized representative of a member

ANA Y. HERNANDEZ

Typed or printed name of signee