

M19000008166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

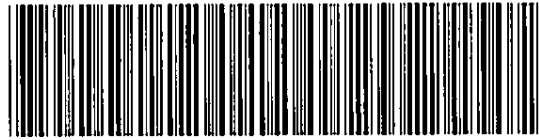
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800443263978

FILED

2025 JAN 24 AM 10:21

TALLAHASSEE, FLORIDA

RECEIVED

2025 JAN 24 PM 3:26

TALLAHASSEE, FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext: x62969
Date: 01/24/25
Order #: 1778953-2
Re: Glass Bead Capital Management LLC
Processing Method: Routine

A handwritten signature in black ink, appearing to read "Amanda Miller", is written over the right side of the header information.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:
I20000000195

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing,
please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Glass Bead Capital Management LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jean Josse
Name of Person

GlassBead Capital Management LLC
Firm/Company

407 Lincoln Road, Suite 11
Address

Miami Beach, FL 33139
City/State and Zip Code

jjosse@glassbeadcm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jean Josse at (917) 251-4419
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Glass Bead Capital Management LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

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2025 JAN 24 AM 10:21
TALLAHASSEE, FLORIDA

2. The Florida document number of this limited liability company is: M19000008166

3. Jurisdiction of its organization: New York

4. Date authorized to do business in Florida: 08/22/2019

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: GlassBead Capital Management LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Jean JOSSE

Signature of the authorized representative

Jean Josse, Managing Member

Typed or printed name of signee

Filing Fee: \$25.00

CSC AMEND

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2025 JAN 24 AM 10:21
TALLAHASSEE, FLORIDA

New York State Department of State

Division of Corporations, State Records and Uniform Commercial Code

Please print this email for your records.

Thank you for submitting your CERTIFICATE OF AMENDMENT through the Department of State's Online Filing System. The CERTIFICATE OF AMENDMENT has been filed by the Department of State.

We have attached the official filing receipt and any related document(s) for the following entity:

DOS ID: 5398642
Entity Name: GLASSBEAD CAPITAL MANAGEMENT LLC
County: ORANGE
Filing Date: 01/22/2025
Statement Due: 08/31/2026

- Retain this letter and attachment(s) for your records. The Department of State does not mail additional copies of the filing receipt or related attachment(s).
- Limited Liability Companies are required to file a Biennial Statement with the Department of State. To receive an email notice when the Biennial Statement is due, provide an email address at the Department of State's Email Address Submission/Update Service.

Resources

- Instructions for filing Certificates of Correction, Certificates of Amendment and other documents with the Department of State
- Corporation tax information

Contact Information

- Department of State: Email the Division of Corporations at corporations@dos.ny.gov.
- Department of Taxation and Finance: Visit [Contact us](#) for self-help options and telephone numbers.

**NEW YORK STATE DEPARTMENT OF STATE
DIVISION OF CORPORATIONS, STATE RECORDS AND UNIFORM COMMERCIAL CODE
FILING RECEIPT**

ENTITY NAME : GLASSBEAD CAPITAL MANAGEMENT LLC
DOCUMENT TYPE : CERTIFICATE OF AMENDMENT
ENTITY TYPE : DOMESTIC LIMITED LIABILITY COMPANY

DOS ID : 5398642
FILE DATE : 01/22/2025
FILE NUMBER : 250123001575
TRANSACTION NUMBER : 202501220002826-4095855
EXISTENCE DATE :
DURATION/DISSOLUTION : PERPETUAL
COUNTY : ORANGE



SERVICE OF PROCESS ADDRESS : GLASS BEAD CAPITAL MANAGEMENT LLC
80 STATE STREET, STE 700 OFFICE 40
ALBANY, NY, 12207, USA

**ELECTRONIC SERVICE OF PROCESS
EMAIL ADDRESS :**

N/A

REGISTERED AGENT : NY REGISTERED AGENT LLC
90 STATE STREET, STE 700 OFFICE 40
ALBANY, NY, 12207, USA

FILER : CAMPBELL DEVLIN
SEWARD & KISSEL LP, 1 BATTERY PARK PLAZA, 21 FL
NEW YORK, NY, 10004, USA

SERVICE COMPANY : CORPORATION SERVICE COMPANY
SERVICE COMPANY ACCOUNT : 45
CUSTOMER REFERENCE : 1778953-1 OF

You may verify this document online at : <http://ecorp.dos.ny.gov>
AUTHENTICATION NUMBER : 100007335353

TOTAL FEES:	\$95.00	TOTAL PAYMENTS RECEIVED:	\$95.00
FILING FEE:	\$60.00	CASH:	\$0.00
CERTIFICATE OF STATUS:	\$0.00	CHECK/MONEY ORDER:	\$0.00
CERTIFIED COPY:	\$10.00	CREDIT CARD:	\$0.00
COPY REQUEST:	\$0.00	DRAWDOWN ACCOUNT:	\$95.00
EXPEDITED HANDLING:	\$25.00	REFUND DUE:	\$0.00

**STATE OF NEW YORK
DEPARTMENT OF STATE**

I hereby certify that the annexed copy for GLASSBEAD CAPITAL MANAGEMENT LLC, File Number 250123001575 has been compared with the original document in the custody of the Secretary of State and that the same is true copy of said original.

WITNESS my hand and official seal of the
Department of State, at the City of Albany,
on January 23, 2025.

WALTER T. MOSLEY
Secretary of State



Brandon C. Hughes

BRENDAN C. HUGHES
Executive Deputy Secretary of State



Division of Corporations,
State Records and
Uniform Commercial Code

New York State
Department of State
DIVISION OF CORPORATIONS,
STATE RECORDS AND
UNIFORM COMMERCIAL CODE
One Commerce Plaza
99 Washington Ave.
Albany, NY 12231-0001
www.dos.ny.gov

CERTIFICATE OF AMENDMENT
OF
ARTICLES OF ORGANIZATION
OF

Glass Bead Capital Management LLC

(Insert Name of Domestic Limited Liability Company)

Under Section 211 of the Limited Liability Company Law

FIRST: The name of the limited liability company is:

Glass Bead Capital Management LLC

If the name of the limited liability company has been changed, the name under which it was organized is:

SECOND: The date of filing of the articles of organization is: 08/23/2018

THIRD: The amendment effected by this certificate of amendment is as follows:

The subject matter and full text of each amended paragraph must be stated.

FOR EXAMPLE, a certificate of amendment changing the name of the limited liability company would read as follows:

Paragraph FIRST of the Articles of Organization relating to the name of the limited liability company is hereby amended to read as follows:

FIRST: The name of the limited liability company is (...new name...).

Paragraph First of the Articles of Organization relating to

The name of the limited liability company

is hereby amended to read as follows:

FIRST: The name of the limited liability company is GlassBead Capital Management LLC

X Jean JOSSE Capacity of Signer (Check appropriate box):
(Signature)
Jean Josse
(Type or print name)
☐ Member
☒ Manager
☐ Authorized Person

CERTIFICATE OF AMENDMENT
OF
ARTICLES OF ORGANIZATION
OF

Glass Bead Capital Management LLC

(Insert Name of Domestic Limited Liability Company)

Under Section 211 of the Limited Liability Company Law

Filer's Name and Mailing Address:

Campbell Devlin

Name:

Seward & Kissel LP

Company, if Applicable:

1 Battery Park Plaza, 21 Fl

Mailing Address:

New York, NY 10004

City, State and Zip Code:

CUST REF# 1778953-1 OF

NOTES:

1. The name of the limited liability company and the date of filing of the articles of organization must exactly match the records of the Department of State. This information should be verified on the Department of State's website at www.dos.ny.gov.
2. This form was prepared by the New York State Department of State for filing a certificate of amendment for a domestic limited liability company. It does not contain all optional provisions under the law. You are not required to use this form. You may draft your own form or use forms available at legal supply stores.
3. The Department of State recommends that legal documents be prepared under the guidance of an attorney.
4. The certificate must be submitted with a \$60 filing fee made payable to the Department of State.

(For office use only.)