

# M23DDDDO 11994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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100430722881

## VOID

See 7/10/24 Statement of Fact

06/07/24--01004--007 \*\*125.00

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**CORPORATE  
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**WALK IN**

**PICK UP:** BROOK 6/7

CERTIFIED COPY \_\_\_\_\_

XX PHOTOCOPY \_\_\_\_\_

GS \_\_\_\_\_

XX FILING LLC AMEND \_\_\_\_\_

1. CRYSTALIA GLASS LLC

(CORPORATE NAME AND DOCUMENT #)

2.

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3.

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4.

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5.

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6.

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 10, 2024

CORPORATE ACCESS

SUBJECT: CRYSTALIA GLASS LLC  
Ref. Number: M23000011994

We have received your document for CRYSTALIA GLASS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 624A00012533

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TALLAHASSEE, FLORIDA  
Correct

**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: Crystallia Glass 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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

2. The Florida document number of this limited liability company is: M23000011994

3. Jurisdiction of its organization: New York

4. Date authorized to do business in Florida: 09/19/2023

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

5. New name of the limited liability company: \_\_\_\_\_  
(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:

Remove: Oleksandr Semeniuk, MBR - 132 32 Nd Street, Suite 120 Brooklyn, NY 11232, Remove: Ihor Kochura, MBR - 132 32 Nd Street, Suite 120 Brooklyn, NY 11232; Add: Michael Ferney, AMBR - 8450 Sierra Passage R Lithonia, GA 30058

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	Oleksandr Semeniuk	132 32 Nd Street, Suite 120	<input type="checkbox"/> Add
		Brooklyn, NY 11232	<input checked="" type="checkbox"/> Remove
MBR	Ihor Kochura	132 32 Nd Street, Suite 120	<input type="checkbox"/> Add
		Brooklyn, NY 11232	<input checked="" type="checkbox"/> Remove
AMBR	Michael Ferney	8450 Sierra Passage R	<input checked="" type="checkbox"/> Add
		Lithonia, GA 30058	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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.

/s/ Michael Ferney

Signature of the authorized representative

Michael Ferney

Typed or printed name of signee

Filing Fee: \$25.00