

P05000113654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

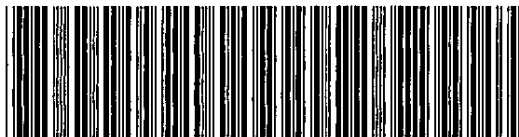
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T CANNON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SAFESHIELD COMPLETE GLASS CORP
DOCUMENT NUMBER: POS000113654

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

YOSVANIS MEDEROS
Name of Contact Person
SAFESHIELD COMPLETE GLASS CORP
Firm/ Company
5970 SW 157 PLACE
Address
MIAMI FL 33193
City/ State and Zip Code
SAFESHIELDCOMPLETEGLASS@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YOSVANIS MEDEROS at (786) 383-9009
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|--|--|---|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2003-01-13 10:30
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2003-01-13 10:30



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2015

YOSVANIS MEDEROS
SAFE SHIELD COMPLETE GLASS CORP
5970 SW 157 PLACE
MIAMI, FL 33193 US

SUBJECT: SAFE SHIELD COMPLETE GLASS, CORP.
Ref. Number: P05000113654

We have received your document for SAFE SHIELD COMPLETE GLASS, CORP.. However, the document has not been filed and is being returned for the following:

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Cannon
Regulatory Specialist II

Letter Number: 415A00019063

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change PT John Doe

☐ Remove V Mike Jones

☐ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>P</u>	<u>YEMIL ARBUVELLES</u>	<u>P.O. BOX 442090</u>
<input type="checkbox"/> Add			<u>MIAMI FL</u>
<input checked="" type="checkbox"/> Remove			<u>33144</u>
2) <input type="checkbox"/> Change	<u>P</u>	<u>YOSVANIS MEDEROS</u>	<u>P.O. BOX 442090</u>
<input checked="" type="checkbox"/> Add			<u>MIAMI FL 33144</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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The date of each amendment(s) adoption: 8/25/15, if other than the date this document was signed.

Effective date if applicable: 8/25/15
(no more than 90 days after amendment file date)

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.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 8/25/15

Signature _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

YOSVANIS MEDEROS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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