

L19000258140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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10/07/20 10:00 AM

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GLAMLUXE BEAUTY ENTERPRISES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing

Please return all correspondence concerning this matter to the following

IVETTE RIVERA

Name of Person

GLAMLUXE BEAUTY ENTERPRISES LLC

Firm Company

12094 ANDERSON ROAD #180

Address

TAMPA, FL 33625

City, State and Zip Code

GLAMLUXE BEAUTY ENTERPRISES LLC

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

For further information concerning this matter, please call

IVETTE RIVERA

813

540-7173

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GLAMLUXE BEAUTY ENTERPRISES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/14/2019 and assigned
Florida document number L19000258140

This amendment is submitted to amend the following:

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

RIVERA BOTANICALS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

12094 ANDERSON ROAD #180

TAMPA, FL 33625

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12094 ANDERSON ROAD #180

TAMPA, FL 33625

B. If amending the registered agent and/or registered office 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:

IVETTE RIVERA

New Registered Office Address:

12094 ANDERSON ROAD #180

Enter Florida street address

TAMPA

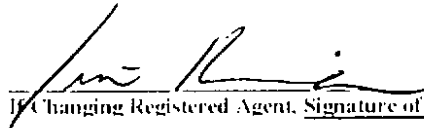
City

Florida 33625

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

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	IVETTE RIVERA	12094 ANDERSON ROAD #180, TAMPA, FL 33625	☐ Add
			☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

(This area is for amendments to the information provided on the front of the document. If no amendments are being made, this area should be left blank.)

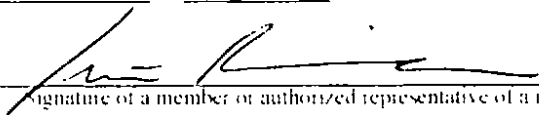
E. Effective date, if other than the date of filing: 09/12/2020 (optional)

(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 SEPTEMBER 12 2020



Signature of a member or authorized representative of a member

IVETTE RIVERA

Typed or printed name of signee

Filing Fee: \$25.00