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COVER LETTER

TO:	Registration Se Division of Cor		, •	
ento re	474 F # 1	Gift Group LLC	٠	
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		lan Gordon Mackenzie		
			Name of Person	
For furth Cristiane		The Glow Gift Group LLC	Ç	
		····	Firm/Company	
		2090 NE 139th St, Unit 4	1	
			Address	
		North Miami Beach, FL,	33181	
		ian@incrediglow.com	City/State and Zip Code	
		E-mail address; (to be used for future annual report notif	ication)
For furt	her information c	oncerning this matter, please or	all:	
Cristiar	ne Leon		305 744-2297	
	Name o	f Person		Telephone Number
Enclose	d is a check for tl	ne following amount:		
■ \$25	.00 Fifing 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)
	MAH	ING ADDRESS:	STREET/COURU	FR ADDRESS:

MAILING ADDRESS:

ţ

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Glow Gift Group LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records Liability Company)	<u></u> 1
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000112916</u> .	were filed on 05/04/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2090 NE 139th St - Unit 4	
(Principal office address MUST BE A STREET ADDRESS)	North Miami Beach - FL	18
	33181	AUG
Enter new mailing address, if applicable:	2090 NE 139th St - Unit 4	TARY OF COR
(Mailing address MAY BE A POST OFFICE BOX)	North Miami Beach - FL	™ Č
	33181	0
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		, enter the name of the new
New Registered Office Address:		
	Enter Florida street address	•
		orida Zip Code
	City	zīp Coae
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete accept the obligations of my position as registered agent as I being filed to merely reflect a change in the registered office	performance of my duties, an provided for in Chapter 605, I	d I am familiar with and F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

ŧ	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>	Address	Type of Action		
MGRM	NUNES DE SOUZA, ANTONIO BINDI	1070 BLUEWOOD TERRACE			
		Weston - FL - 33327			
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ffective date, if other the	in the date of f	īling:			(optional)		
ffective date, if other the an effective date is listed, the d lote: If the date inserted in	ate must be specific this block does r	e and cannot be pr not meet the app	ior to date of filing licable statutory	gor more than 90 da filing requireme	ays after filing.) Pu nts, this date will	rsuant to not be	605,02 listed :
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e record specifies a de The 90th day after th			not an effecti	ive time, at 1.	2:01 a.m. on	the ea	rlier
·		11					
July 28th		2018	<u>/</u>				
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	//	7 7 7 1					
	Signature	oy'a member or at	thorized represen	<u>ta</u> tive of a member			-

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Filing Fee: \$25.00