

L18000112916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

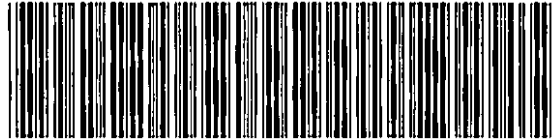
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800317570188

08/28/18--01020--004 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG 28 AM 8:00

N COOPER
SEP 04 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Glow Gift Group LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ian Gordon Mackenzie

Name of Person

The Glow Gift Group LLC

Firm/Company

2090 NE 139th St, Unit 4

Address

North Miami Beach, FL, 33181

City/State and Zip Code

ian@incrediglow.com

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

For further information concerning this matter, please call:

Cristiane Leon

305

744-2297

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/COURIER ADDRESS:

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

- 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>
MGRM	NUNES DE SOUZA, ANTONIO BINDI	1070 BLUEWOOD TERRACE	<input type="checkbox"/> Add
		Weston - FL - 33327	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

DIVISION OF TOWN CLERKS
18 AUG 28 AM 8:00

SECRET
SECRETARY OF STATE
DIVISION OF INFORMATION
18 AUG 28 AM 8:00

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.

Dated July 28th 2018

Signature of a member or authorized representative of a member

Ian Gordon Mackenzie

Typed or printed name of signee