

L020000027452

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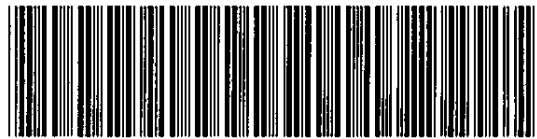
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

SEP - 2 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J.L.S. Enterprises, 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:

January A Littlejohn
Name of Person
Glam Fans, LLC
Firm/Company
3658 Dwight Davis Dr
Address
Tallahassee, FL 32312
City/State and Zip Code
jas7854@hotmail.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

January Littlejohn at (850) 878-8189
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

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

J. L. S. 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 10/17/07 and signed
Florida document number LO2000027452

This amendment is submitted to amend the following:

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

GlamFans, LLC

The new name must be distinguishable and end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

January Littlejohn

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 608, 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.

January Littlejohn
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Jeffrey M. Littlejohn	3658 Dwight Davis Dr. Tallahassee, FL 32312	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	January A. Littlejohn	3658 Dwight Davis Dr. Tallahassee, FL 32312	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Stacy Snyder	480 Hibiscus St. #805 West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 SEP - 1 AM 10:56

FILED

Dated _____, _____.

January Littlejohn

Signature of a member or authorized representative of a member

January Littlejohn

Typed or printed name of signee