L12000017103

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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ECRETARY OF STATE

COVER LETTER

	istration Sec sion of Corp				
SUBJECT:	ı	RenMar Home Impr	ovements & Repairs,LL0	C .	
		Name of Limit	ted Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		Renata DiPaola			
			Name of Person		
RenMar Home Improvements & Repairs, LLC				LLC.	
Firm/Company					
261 SW 13th Terrace					
Address					
		For	t Lauderdale, FL 33312		
		10	City/State and Zip Code		
nata0805@gmail.com					
		`	to be used for future annual report notifica	tion)	
For further in	nformation co	oncerning this matter, please of	ali:		
	Rer	nata DiPaola	at (954) 6 Area Code & Daytime	35-7009	
	Name of	f Person	Area Code & Daytime	Telephone Number	
Enclosed is a	check for th	e following amount:			
\$25.00 Fi	iling Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		ING ADDRESS:	STREET/COURIE Registration Section	R ADDRESS:	

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

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

'ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RenMar Home Improvem	ents & Repa	irs, LLC.			
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appear: bility Company)	s on our records.			
The Articles of Organization for this Limited Liability Company w	rere filed on	02/06/2012	an	d assigi	ned
Florida document number <u>L12000017103</u>					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabili	ty company hem	2:			
Glitz & Glam Mobi	<u> </u>				
The new name must be distinguishable and end with the words "Limited "L.L.C."	d Liability Compa	ny," th e de signation "L	.LC" or	the abb	reviation
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
					
Enter new mailing address, if applicable:			· <u>-</u>		
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered office	ce address on o	ur records, <u>enter t</u>	he na	me of	the new
registered agent and/or the new registered office address here:					
Name of New Registered Agent:			SE TAL	12	
· · · · · · · · · · · · · · · · · · ·			CRE AH		T
New Registered Office Address:	Eni	er Florida street ada	rest		CONTRACTOR.
		. Florida		<u></u>	in
	City		Zip	Cpte	O
New Registered Agent's Signature, if changing Registered Agent:			Z A	\$5°	

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.

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>	Name	Address	Type of Action
MGRM	Ramon L. Lewis	P.O Box 29474	✓ Add ☐ Remove
		Atlanta GA 30359	Remove
	**************************************		Add
	· · · · · · · · · · · · · · · · · · ·		Add Remove
	the description of the second section of the second		Add Remove
			Add
			Remove
			Add
			Remove
D. If amend	ling any other information,	enter change(s) here: (Attach additional sheets, if necessary	<i>),</i>)
		THE PARTY OF THE P	
	· · · · · · · · · · · · · · · · · · ·		
Dated	07/03/		
		Down	
	Signature	of a member or authorized representative of a member	
	- 10-11-11-11-11-11-11-11-11-11-11-11-11-1	Renata DiPaola Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00