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#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

# POWER GLAMOUR PLUS, LLC

SUBJECT

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:

## RHONDA KOUSSEVITZKY

Name of Person

# POWER GLAMOUR PLUS, LLC

Firm/Company

9080 LIME BAY BLVD. #108

Address

TAMARAC, FL 33321

City/State and Zip Code

## ANJESEAN@GMAIL.COM

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

For further information concerning this matter, please call:

## RHONDA KOUSSEVITZKY

954914 5228

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 ARTICLES OF ORGANIZATION **OF**

#### POWER GLAMOUR PLUS, LLC

3 JUL 5 (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 7/16/2012	and assigned
Florida document number L12000091445	·	<del>3</del> 7
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the w "L.L.C."	words "Limited Liability Company," the design	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		, enter the name of the ne
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
	Enter Florida s	street address
		orida
	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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name		ype of Action
MGRM	MATTHEW BERNSTEIN	106BURNINGTREE LN	Add
		BOCA RATON,FL 33431	Remove
			- -
			_ L Add
			Remove
			_
			Remove
		TALLAHASSEE, FERRION	-S FT Add
		の子 初記 更 が	Add
			Add
			Remove
			Add
			Remove

). If amending any other	er information, enter change(s) here: (Attach additional sheets, if necessary.)
· •	
<del></del>	
II II V 3	2013
JULY 3	BA AK - La
	Signature of a member or authorized representative of a member
RHONE	DA KOUSSEVITZKY
	Typed or printed name of signee

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Filing Fee: \$25.00

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