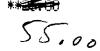
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(Address)
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## **COVER LETTER**

TO: Registration Se Division of Cou			
SUBJECT: Mam	a Glam, LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Ria Chattero	goon	
		Name of Person	<del></del>
	Mama Glam	ı, LLC	
		Firm/Company	
	5112 Hayes	Street	
		Address	
	Hollywood,	FL 33021	
	Pia Chattergoon	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	Ria.Chattergoon( E-mail address: (	to be used for future annual report notific	cation)
For further information c	oncerning this matter, please c	all:	
Ria Chatter	goon	at (305) 788-60	067
Name o	f Person		Telephone Number
Enclosed is a check for the	ne 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

Mama Glam, LLC		
( <u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on August 4, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:	
The new name must be distinguishable and end with the words "Limited I.	iability Company." the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11860 W State Road 84 Suite E	3-2 Davie, FL 33325
(Principal office address MUST BE A STREET ADDRESS)		
	······································	<del></del>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		-
Muning address MATE BEAT OF STRICE BOXY	~~~~	
3. If amending the registered agent and/or registered registered agent and/or the new registered office address h		er the name of the n
egistered agent and/or the new registered office address in	icie.	
Name of New Registered Agent:		A
New Registered Office Address:		
	Enter Florida street address	
	, Florida City	Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:	를 ( <b>조</b>

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 605, 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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Kenyatta Bolden	4605 Concord Terrace	<b>=</b> Add
		Edina, MN 55424	☐ Remove
			<del></del>
	<del></del>		Add
			□ Remove
		<u>,,</u>	🗅 Add
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ne effectiv	date, if other than the date of filing: (optional ye date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is document is filed by the Florida Department of State)	l)	
ated	August 12, 2014	至0 -	
	Reclat	C AUG	<u> </u>

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