L15000038157

| (Rec | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | of Status |
| Special Instructions to F | Filing Officer: | |
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| Signature | <u>a</u> | |

Office Use Only



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COVER LETTER

| TO: Registration S Division of Co | | | | |
|--------------------------------------|--|---|---|--------------|
| GLO N GO SUBJECT: | O TANNING LLC | | | |
| SUBJECT: | Coles of Amendment and fee(s) are submitted for filing. Correspondence concerning this matter to the following: ZULAY KARINA RUIZ Name of Person GO N GLO TANNING LLC Firm/Company 25910 SW 143RD CT APT 223 Address HOMESTEAD FI. 33032 City/State and Zip Code A81PATRIOTS@GMAIL.COM E-mail address: (to be used for future annual report notification) ARUIZ 786 372-3555 ARUIZ Area Code Daytime Telephone Number | | | |
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| | GO N GLO TANNING LI | | | |
| | 25910 SW 143RD CT AP | | | |
| | HOMESTEAD FL 33032 | Address | - | |
| | - | СОМ | | 19 00 |
| For further information of | | · | ation) | 121 |
| ZULAY KARINA RUI | Z | | | |
| Name | of Person | Area Code Daytime | l'elephone Number | |
| Enclosed is a check for t | 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) | |
| | LING ADDRESS: | STREET/COURIE | | |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

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



August 9, 2019

KARINA RUIZ GO N GLO TANNING DISTRIBUTION LLC 25910 SW 143RD CT., APT 223 HOMESTEAD, FL 33032

SUBJECT: GLO N GO TANNING LLC

Ref. Number: L15000038157

We have received your document for GLO N GO TANNING LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 419A00016418

Diane Cushing Senior Section Administrator

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| GLO N GO TANNING LLC | | | |
|---|--|---------------------------------------|---|
| (<u>Name of the Lim</u> | ited Liability Company as it (A Florida Limited Liability | now appears on our records.) Company) | |
| The Articles of Organization for this Limited I | Liability Company were (| filed on 03/01/2015 | and assigned |
| Florida document number L15000038157 | | | |
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name | of the limited liability co | ompany here: | |
| The new name must be distinguishable and contain the | words "Limited Liability Con | npany," the designation "LLC" or | the abbreviation "L.L.C."; |
| Enter new principal offices address, if appli | cable: | | 19 /isc |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | 00 6 |
| | | | <u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u> |
| Enter new mailing address, if applicable: | | | 변 TO 사이 TS 가입 |
| Mailing address MAY BE A POST OFFICE | E BOX) | | 3. AT |
| | | | ယ် င္ထု |
| B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: | | | nter the name of the new |
| | 25910 SW 143RD CT | ` A PT: 723 | |
| New Registered Office Address: | | Enter Florida street address | |
| | HOMESTEAD | Florid | a 33032 |
| | Ci | iņ | 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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| Title | Authorized Member <u>Name</u> | <u>Address</u> | Type of Action |
|-------|-------------------------------|-------------------|----------------|
| | ZULAY KARINA RUIZ | 25910 SW 143rd Ct | Type of Action |
| MGR | ZOLAT KAKINA KUIZ | Apt 223 | D Add |
| | | | Remove |
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| Note: If the | date inserted in | this block does n | iling: c and cannot be prior not meet the applic of State's records. | able statutory filing | (option ore than 90 days after fit g requirements, this d | al) ing.) Pursuant to 605.020 ate will not be listed a: |
| e record The 90tl | specifies a de n day after th | elayed effectiv ne record is fil | ve date, but no ed. | t an effective t | ime, at 12:01 a.r | n. on the earlier o |
| OCT | OBER 2ND | | 2019 | | | |
| | Pm | m | · | · | | |
| • | | Signature | of a member or autho | rized representative | of a member | |
| | | , | | | | |

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