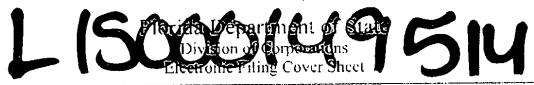
2/14/2016

Division of Corporations



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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STOLEN GLIMPSES, LLC

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COVER LETTER

TO: Registration Se Division of Cor			`		
	GLIMPSES, LLC				
SUBJECT:	Name of Limit	ted Liability Company			
	Amendment and fee(s) are subm				
Please return all correspo	ndence concerning this matter t	o me tonowing.			
	Cheyenne Moseley				
		Name of Person			
	Legalzoom.com. Inc.				
	Firm/Company				
	101 N. Brand Blvd., 11th Floor				
		Address			
	Glendale, CA 91203				
	······································	City/State and Zip Code			
	costa.leda@ymail.com E-mail address: (t	to be used for future annual report notifica	ition)		
For further information of	concerning this matter, please ca				
Cheyenne Moseley		800 773-0888 ext.	9724		
Name (of Person	Area Code Daytime T	elephone Number		
Enclosed is a check for t	the following amount:				
□ 525.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is enclosed)			
	LING ADDRESS:	STREET/COURIEL Registration Section	R ADDRESS:		

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

STOLEN GLIMPSES, LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	apany as it now appears on our ed Liability Company)	records.)
The Articles of Organization for this Limited Liability Compa	my were filed on 9/1/2015	and assigned
Florida document number L15000149514		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and end with the words "Limited I	inbility Company," the designar	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	na na
		î 1 1 n
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		<u>_</u>
		*
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	l office address on our (<u>here</u> :	records, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Floricia stre	er ackbess
		, Florida
**	City	Zip Cocke

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.

H Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

MGR = Manager

AMBR = Authorized Member

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

<u>Title</u>	Name	Address	Type of Action
AMBR	Jeffrey Larson	324 Tunbridge Dr.	
		Rockledge, FL 32955	⊠ Remove
		·. 	
			Add
		· · · · · · · · · · · · · · · · · · ·	☐ Remove
			Add
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			☐ Remove
			☐ Remove
			Li Keniove

D. If amending any other information, enter change(s) here: (Attach	additional sheets, if necessary.)
E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date are	(optional) I cannot be more than 90 days after
the date this document is filed by the Florida Department of State)	
Dated February 8, 2018.	
Par Circle	
(N. J. Cook Cook Cook	
Signature of a member or authorized repre	sentative at a memner
Leda Costa	الشميدار والشجيان والمستهيد والمستهد والمستهد والمستهد
Typed or printed name of	Signee

Page 3 of 3

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Filing Fee: \$25.00