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COVER LETTER

Division of Corp		·	
SUBJECT:	GLO	AESTHETICS L	LC,
	Name of Limi	ted Liability Company	
		-	
,	ű	C	
	of Corporations		
		Name of Person	
	SASFL	O ENTRRPRISES	ZHC.
		Firm/Company	
	2916 LO	BELIA DR.	
		Address	
	LAKE MA	RY FL 37746	
	E-mail address: (to	be used for future annual report not	ification)
For further information cor	ncerning this matter, please ca	U:	
STEPHEN	SAFER	at(<u>407</u>)_257-	8883
Name of I	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	following amount:		
☑ \$25.00 Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy

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

GLO A	ESTHETICS L	LL
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our rec Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>£ 1500015</u> 9188		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
		SE SE
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "l	LLC" or the abhraviation "L.I. th"
Enter new principal offices address, if applicable:		ASS -
Principal office address MUST BE A STREET ADDRESS)		(F) (M)
		7 S A 20
		ATE RIDA
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 of registered agent and/or the new registered office address here		ords, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	ldress
		, Florida
	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 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
16R/AMBR	STEPHEN SAKER	2916 LOBELIK DR.	
		LAKE MARY, FL 32746	Remove
			Change
			Add
			Remove
		ALC AH	Change
		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Z D Add
			Change CH S All Change Change
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ective date, if other than the effective date is listed, the date in ee. If the date inserted in this ument's effective date on the	ust be specific and block does not n	l cannot be prior t neet the applica	o date of filing or ble statutory fil	more than 90 days	optional) after filing.) Pursua , this date will no	ant to 605.02 ot be listed	(201 Las
record specifies a delayon he 90th day after the re		ate, but not	an effective	e time, at 12:0	01 a.m. on the	e earlier	. O
_ /		. <u>2019</u> Janu	<u></u> .				
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