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(Rai	questor's Name)	
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PICK-UP	WAIT	MAIL
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COVER LETTER

TO: Registration S Division of Co			
Dollar Gli	tz, LLC.		SECO.
SUBJECT:	Name of Lim	ited Liability Company	APR 13
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	3 PH 12:
Please return all corresp	ondence concerning this matter	to the following:	
1	Ronell Pugh	·	
		Name of Person	
		Firm/Company	
	PO Box 561628		
	. •	Address	•
	Orlando/Florida 32856		
	r.pugh.bus.serv@gmail.con	City/State and Zip Code	
	· · · ·	to be used for future annual report notific	cation)
For further information	concerning this matter, please c	all:	
Ronell Pugh		407. 394.4221 at ()	
Name	of Person		Telephone Number
Enclosed is a check for t	the following amount:	e e e	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS:	STREET/COURIE Registration Section	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dolla	re Glitz, LLC	-100 T
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability Organization for this Liability Organization for this Liability Organization for this Liability Organization for the L	Company were filed on <u>02/24/2016</u>	Danid assigned
This amendment is submitted to amend the following:		1 12: 3 1 1.021.5
A. If amending name, enter the new name of the lim	nited liability company here:	5 m &
The new name must be distinguishable and contain the words "Lir		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ado		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	ru • 1	_
	, Florida	a 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
GMGR	Shakeema Smiley	2934 Northwest 94th Street	
		Miami, FL 33147	■ Remove
			☐ Change
MGR	Shakeema Smiley	2934 Northwest 94th Street	■ Add
		Miami, FL 33147	□ Remove
			☐ Change
		· · · · · · · · · · · · · · · · · · ·	□ Add
			□ Remove
			Change
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			三日 Change
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			□ Remove
			☐ Change
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			□ Remove
			□ Change

E. Effective date, if other than the date of filing: (Optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier (b) The 90th day after the record is filed. Dated 4.12.16 Signature of a member or authorized representative of a member		, , , ,	 				
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E. Effective date, if other than the date of filing:						7 4 7 1	APR
E. Effective date, if other than the date of filing:						(2) (2) (1) (1) (1)	3
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Signature of a member or authorized representative of a member	Dated	4.12.16		 			
				ou un outhorized se		ner .	—

Page 3 of 3

Filing Fee: \$25.00