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COVER LETTER

Division of Corpor	rations			
SUBJECT: CE	ORAS RENTALS Name of Limi	AND PROPERTY Notited Liability Company	LANAGEMENT, L.L	·-C.
The enclosed Articles of Art Please return all corresponde		-		
		Name of Person ALS AND PROPERTY/ Firm/Company	MANAGEMENT, L.L.	C .
_	6067 FA	AIRWAY COURT Address 5, FL 34110 City/State and Zip Code ed ras Path A to be used for future annual report notifi	2018 HAI	
Por further information cond Oouglas R Name of Pe	eerning this matter, please ca			
Enclosed is a check for the form \$25.00 Filing Fee	following amount: 52-\$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)	

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TO:

Registration Section

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

CEDRAS RENTALS A (Name of the Limited Liability	NO PROPERTY M. Y Company as it now appears on the	ANASEMENT, our records.)	<u> </u>
	ompany were filed on09		_ and assigned
This amendment is submitted to amend the following:	ending name, enter the new name of the limited liability company here: GLAMOUR GLITTER, LLC.		
A. If amending name, enter the new name of the limit	ted liability company here:		
-	ted Liability Company," the designa	ation "LLC" or the abbre	viation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6 12 mm m m m m m m m m m m m m m m m m m	A 9. 50
	ess here:		e name of the nev
	<u> </u>	, Florida	20. C. J.
	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, 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
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Tective date, if of	her than the date of fili	ino:	•	(optional)	
an effective date is list	ed, the date must be specific a	and cunnot be prior to date of	of filing or more than 90 day	s after filing.) Pursuant to 6	
	erted in this block does no date on the Department o		tutory thing requirement	s, this date will not be it	sted as
	s a delayed effective		ffective time, at 12:	:01 a.m. on the ear	tier o
The 90th day a	fter the record is file	d.			
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