[1600008101]

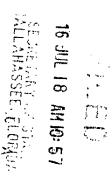
(Re	equestor's Name)	
(Ac	idress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:	Registration Se Division of Cor			√
SURII	POSH DOL	LS GLAM LLC		
ЗОВЛ	DC1:		ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		NEPHATARI P. FORD		
			Name of Person	
		POSH DOLLS GLAM LL	C	
			Firm/Company	
		10360 SW 186 STREET #	970847	,
			Address	
		MIAMI FL 33197		
			City/State and Zip Code	
		NPATRICEFORD@GMAI		
		E-mail address; (to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please ca	aff:	
NEPH	ATARI P. FORD		786 328-7750 at ()	Telephone Number
	Name of	? Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
\$2	5.00 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)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 16, 2016

NEPHATARI P FORD 10360 SW 186 STREET #970847 MIAMI, FL 33197

SUBJECT: POSH DOLLS GLAM LLC

Ref. Number: L16000081011

We have received your document for POSH DOLLS GLAM LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 616A00010263

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POSH DOLLS GLAM LLC			
(Name of the Limit	ed Liability Compa (A Florida Limited L	ny as It now appears on our records.) iability Company)	
The Articles of Organization for this Limited L Florida document number L16000081011	iability Company	were filed on 4/25/2016	and assigned
This amendment is submitted to amend the foll-	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
The new name must be distinguishable and contain the v	vords "Limited Liabil	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		10360 SW 186 STREET #970847	
(Principal office address MUST BE A STREET ADDRESS)		MIAMI FL 33197	
Enter new mailing address, if applicable:		10360 SW 186 STREET #970847	
(Mailing address MAY BE A POST OFFICE BOX)		MIAMI FL 33197	
B. If amending the registered agent and registered agent and/or the new registered o			nter the name of the nev
Name of New Registered Agent:			SSE TO THE
New Registered Office Address:	10360 SW 186	STREET #970847	The same of the sa
	N 47 A N 42	Enter Florida street address	5 5
	MIAMI	, Florid	Zip Code
		. Oitik	Lip cout

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
MGR	NEPHATARI P. FORD	10360 SW 186 STREET #970847	■ Add
		MIAMI FL 33197	□ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			Add
		<u></u>	□ Remove
			Change SSS AAR
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			Add
			☐ Remove
			Change

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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 that	in 90 days after filing.) Pursuant to 605.020
Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	irements, this date will not be listed as
assument by the control of the property of the	
ne record specifies a delayed effective date, but not an effective time,	at 12:01 a.m. on the earlier of
The 90th day after the record is filed.	
Dated MAY 5TH 2016	
$\mathcal{L}(\mathcal{L}(\mathcal{L}))$	
Signature of a member or authorized representative of a n	nambar .

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00