## 116000126390

(Re	equestor's Name)	
(Ād	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
☐ SICK-NS	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	

Office Use Only



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## **COVER LETTER**

TO:	Registration Se Division of Cor					
CUD IC	Glory Cove					
SUBJE	CT:		ited Liability Company			
The enc	losed Articles of .	Amendment and fee(s) are sub	omitted for filing.			
Please r	eturn all correspo	ndence concerning this matter	to the following:			
		VERONICA	Yvette ()en	nings		
		Glacy	Covering /	LC		
		_86178 SA	Nd Hickur	y TRA.	iL	
		Julie F	Lowida 3. City/State and Zip Code Covering LLC @ ya to be used for future annual	2097		25
		glory	waring LC @ ya	hoo.com		• •
		E-mail address: (	to be used for future annual	report notification	on)	ţ
For furt	her information co	oncerning this matter, please c	all:			-
	Veronien	Jennings	at (	667-9	327	— :
	Name o	t Person	Area Code	Daytime Tele	epnone Number	٠
Enclose	d is a check for th	ne following amount:				
<b>■</b> \$25	i.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is end		☐ \$60.00 Filing Certificate of Certified Cop (additional copy	Status &
	Mailing Addres		Street A		_	
	Registration S Division of C		_	ration Sectior on of Corpora		
	P.O. Box 632	7	The Ce	ntre of Talla	hassee	
	Tallahassee, I	FL 32314	2415 N	. Monroe Str	reet, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Glory Covering LLC		
(Name of the Limited Li (A Fi	ability Company as it now appears on our record forida Limited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liabili Florida document number L16000126390	ity Company were filed on July 1, 2016	and assigned
This amendment is submitted to amend the followin	ā.	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A)	DDRESS)	<u>.</u> .
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	9	
B. If amending the registered agent and/or regist agent and/or the new registered office address he		the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	22.
	r.	
<del>-</del>	City	lorida Zip Code
New Registered Agent's Signature, if changing Regis	stered Agent:	
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper as accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	nd complete performance of my duties, a ed agent as provided for in Chapter 605, stered office address, I hereby confirm th	ind I am familiar with and F.S. Or, if this document is

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>	Name	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
		<del>-</del>	☐ Change
	112222222		
			Remove
			<b>—</b>
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change

Body Butter, Combs, Tea, Candles, Henna, Bath and Body, Beauty Suppli	ies, Wigs, Hair Extentions,
Baked Goods, Juice, Hebal Infusions, Herbs and Spices, Plants, Instruction	nal Courses, Essential Oils,
Aromatherapy, Culinary Delights, Books and Education, Purses, Earings,	Aparel
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	<u> </u>
effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing or  If the date inserted in this block does not meet the applicable statutory fil  iment's effective date on the Department of State's records.	(optional) more than 90 days after filing.) Pursuant to 6 ing requirements, this date will not be li
ord specifies a delayed effective date, but not an effective time, at 12:01 a.n filed.	n. on the earlier of: (b) The 90th day af
Veronica Jenning  Signature of a member or authorized representation  VERONICA TENNINGS  Typed or printed name of signee	ve of a member
1/2	

Filing Fee: \$25.00