# 116000161496

(Re	questor's Name)	-
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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## FILING CANCELLED RETURNED CHECK

2017 JAN 23 PM © 01

K. SALY JAN 24 2017

### **COVER LETTER**

TO:	Registration Sec Division of Corp		, .	· · · · · · · · · · · · · · · · · · ·	
CIID II	Glorious Cre	eations, LLC			
SOBJI	<u> </u>		nited Liability Company		
The en	closed Articles of A	Amendment and fec(s) are sub	omitted for filing.	FILING CA	ANCELLEI
Please	return all correspon	dence concerning this matter	to the following:	RETURNE	
		Regine Choute-Dumornay	7		
			Name of Person	· · · · · · · · · · · · · · · · · · ·	_
		Glorious Creations, LLC			
			Firm/Company		_
		7529 Hayes Street			
			Address		-
		Hollywood FL 33024			
			City/State and Zip Code		•
		gloriouscreationsparty@gm			
For fur	ther information co	ncerning this matter, please c	to be used for future annual re	port notification)	
Regine	Choute-Dumornay	,	954 701-	9001	
	Name of	Person	Area Code	Daytime Telephone Number	
Enclose	ed is a check for the	following amount:			
\$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certified	te of Status &

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

2017 JAN 23 PM 40 02

TALLAHASSEE, FLORIDA

Glorious Creations, LLC

(Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability C	Company were filed on Aug	ust 29, 2016	and assigned
Florida document number L16000161496	<u>_</u> .		
This amendment is submitted to amend the following:		FILING C	CANCELLED
A. If amending name, enter the new name of the limit	ited liability company her	<u>return</u>	ED CHECK
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the de-	ignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)		
	<del></del>		
Enter new mailing address, if applicable:		·	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regist registered agent and/or the new registered office addi		our records, <u>ente</u>	the name of the new
New Registered Office Address:			
New Registered Office Address.	Enter Florid	a street address	
		, Florida	Zip Code
	•		Zip Code
New Registered Agent's Signature, if changing Registered	l Agent:		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and configured accept the obligations of my position as registered agustions for the obligations of the configured in the registered accompany has been notified in writing of this change.	omplete performance of m gent as provided for in Ch	y duties, and I am apter 605, F.S. Or	familiar with and t, if this document is
	If Changing Registered Ager	t, <u>Signature of New R</u>	egistered 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	Zashay Dumornay	7529 Hayes Street	
		Hollywood, FL 33024	■ Remove
			☐ Change
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fective date, if other than	the date of filing: (option must be specific and cannot be prior to date of filing or more than 90 days after	nal)
te: If the date inserted in the	s block does not meet the applicable statutory filing requirements, this	date will not be listed as f
cument's effective date on th	e Department of State's records.	
record specifies a dela The 90th day after the	yed effective date, but not an effective time, at 12:01 a	.m. on the earlier of:
the John day after the	ccord is med.	
ted	<u> </u>	
	η , ,	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00