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COVER LETTER,

TO:	Registration S Division of Co			
SUBJE		15941 LLC	•	
SUBJE		Name of Lin	iited Liability Company	
The en	closed Articles of	`Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Kathryn Zack		
			Name of Person	
			Firm/Company	
		1504 SE 32nd Terrace		
			Address	
		Cape Coral Florida 3	3904	
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		dandkzack@gmail.com E-mail address: (to be used for future annual report notifi	ication)
For furt	her information o	concerning this matter, please or	·	
Kathry	n Zack		518 232 7007 at () Area Code Daytime	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for the	he following amount:		
\$25	.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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blue Skies 15941 LLC		,		
(Name of the Lin	ited Liability Comp. (A Florida Limited	any as it now appears o Liability Company)	n our records.)	
The Articles of Organization for this Limited Florida document number CP 575 G	Liability Company	were filed on $\frac{5/30}{}$	2017 8	and assigned
This amendment is submitted to amend the fo	llowing.			
ms amendment is submitted to amend the io.	nowing:			
A. If amending name, enter the new name	of the limited liab	oility company here	:	
GlimmerZ LLC				
he new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the desig	gnation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:		1504 SE 32ND T	errace	
(Principal office address MUST BE A STREET ADDRESS)		Cape Coral Florid	la 33904	
Enter new mailing address, if applicable:			9. 12. 12. 12. 12. 12. 12. 12. 12. 12. 12	80
Mailing address MAY BE A POST OFFICE	E BOX)			8 7 8
			97.24 Ph 23	CO President
3. If amending the registered agent and			ur records, enter the s	ame of the
egistered agent and/or the new registered of	office address her	<u>e:</u>		
Name of New Registered Agent:	Kathryn Zack	······································	Ş. t	5
New Registered Office Address:	1504 SE 32NI	D Terrace		
*		Enter Florida	street address	
	Cape Coral		, Florida <u>33904</u>	
		City		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>	<u>Address</u>	Type of Action
MGR	Richard Zack	Same	□ Add
			□ Remove
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			☐ Remove
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02/18/2018		
an effective date is listed, the date must be specific and cannot be prior to date of filing or me	ore than 90 days after filing.) Pursuant to 605	5.0207 (ed as t
e record specifies a delayed effective date, but not an effective to The 90th day after the record is filed.	ime, at 12:01 a.m. on the earli	er of:
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hathrum hack gignature of a member or authorized representative	of a member	

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Filing Fee: \$25.00