L17000157004

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COVER LETTER

TO:	Registration Se Division of Cor			
СПБ I		g Glam Suppliers LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	indence concerning this matter	to the following:	
		Ingrid Akins		
			Name of Person	
		Illuminating Glam Supplie	rs LLC	
			Firm/Company	
		4150 Davie Road Extensio	n #2103	
•		·	Address	
		Hollywood, Florida 33024		
			City/State and Zip Code	
		illuminatingglamlle@gmail		
		E-mail address: (to be used for future annual report notif	ication)
For fu	rther information c	oncerning this matter, please co	all:	
Ingrid	l Akins		786 236-2472	
Name of Person			at ()	: Telephone Number
Enclo:	sed is a check for th	ne following amount:		
= \$ 2	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

(Name of the Limited Liability			
(A Florida L	Company as it now appears or amited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Conflorida document number L17000157004	mpany were filed on 07/24/	2017	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		17_0CT
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the desig	nation "LLC" or the abbr	eviation "LLEC"
Enter new principal offices address, if applicable:	·		PH PH
Principal office address MUST BE A STREET ADDRE	<u> </u>	,	
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		ır records, <u>enter t</u>	e name of the no
Name of New Registered Agent:			
New Registered Office Address:	Fator Florido	straat addess	1
New Registered Office Address:	Enter Florida		
New Registered Office Address:	Enter Florida City	street address, Florida	Zip Code
New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent's Signature Signature, if Changing Registered Agent's Signature Signa	City		Zip Code

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 Kyle Akins MGR 4150 Davie Road Extension #2103 _□ Add Hollywood Fl. 33024 **■** Remove ☐ Change MGR Ingrid Akins 4150 Davie Road Extension #2103 **■** Add Hollywood Fl, 33024 _□ Remove _□ Change AMBR Kyle Akins 4150 Davie Road Extension #2103 ,**⊟** Add∫ Hollywood, Fl 33024 □ Remove Time OCT 28 _□ Add _□ Remove ☐ Change □ Add _□ Remove ☐ Change

Please remove Kyle Akins as N	Manager and change to Authorized Member, Please add Ingrid	Akins as the Manager
of Illuminating Glam Suppliers	s LLC. Thank you	
		
		<u> </u>
-		
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tive date, if other than the d	late of filing: (op	tional)
If the date inserted in this block	be specific and cannot be prior to date of filing or more than 90 days affect does not meet the applicable statutory filing requirements, the	his date will not be listed a
ment's effective date on the Dep	partment of State's records.	
cord specifies a delayed	effective date, but not an effective time, at 12:01	l a.m. on the earli e r
e 90th day after the reco	rd is filed.	
, October 18	2017	
-76	Soff Error	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00