

L17000 222 960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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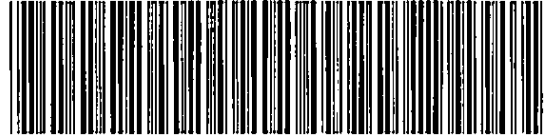
(Business Entity Name)

(Document Number)

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10/06/20--01037--005 \*\*30.00

FILED

2020 OCT -6 AM 6:37

DEPT OF  
TREASURY  
CLERK OF COURT  
AT LANSING, MI 48201

NOV 13 2020  
S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GLAMOROUS ALLUE, LLC.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SYMIRIA APEDO

Name of Person

GLAMOROUS ALLUE, LLC.

Firm/Company

411 N.W. 37 STREET #3

Address

MIAMI, FLORIDA 33127

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SYMIRIA APEDO

305

879-5836

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

GLAMOROUS ALLUE, 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 Company were filed on 10/27/2017

Florida document number L17000222960

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

GLAMOROUS ALLURE, LLC.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

NO CHANGE

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NO CHANGE

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: NO CHANGE

New Registered Office Address: NO CHANGE

*Enter Florida street address*

NO CHANGE NO CHANGE  
*City* *Florida* *Zip 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

**FILED**  
2019 OCT -6 AM 6:37  
and assigned  
CLERK OF CIRCUIT COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE COUNTY OF DADE, FLORIDA

**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**

[illegible]

NO CHANGE

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

*Ignacio Ayala*  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**