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(Requ	estor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s or Status
Special Instructions to Fil	ing Officer:	

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COVER LETTER

TO:

Registration Section

Division of Cor	porations			
	Spectacular Partiez			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing		
	ndence concerning this matter	•		
r lease return an correspo	ndence concerning this matter	to the following.		
	Nitora Mims			
	 	Name of Person	in b	<u>ي</u>
				3 3
	· • • • • • • • • • • • • • • • • • • •	Firm Company]]
	3715 N.W. 197 Street		. :	5 -
		Address	80080 17	έ (3
	Miami Florida 33055		· · · · · · · · · · · · · · · · · · ·	
		City/State and Zip Code		
	nitora3@aol.com			
		to be used for future annual report notification)		
For further information c	oncerning this matter, please c	all:		
Nitora Mims		305 332-1187 at ()		
Name o	f Person	Area Code Daytime Telepho	ne Number	
Enclosed is a check for the	ne 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 enclose	
<u>Mailing Addres</u> Registration	Section	Street Address: Registration Section		
Division of C P.O. Box 632	•	Division of Corporation The Centre of Tallahas		
Tallahassee, I		2415 N. Monroe Street Tallahassee, FL 32303	, Suite 810	



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 15, 2022

NITORA MIMS 3715 NW 197 STREET MIAMI, FL 33055

SUBJECT: GLAM GIRLZ SPECTACULAR PARTIEZ LLC

Ref. Number: L18000233123

We have received your document for GLAM GIRLZ SPECTACULAR PARTIEZ LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6942.

Becky McKnight
Operations & Management Consultant

Operations & Management Consultant Mgr Letter Number: 322A00018170

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Glam Girlz Spectacular Partiez LLC		
(Name of the Limited Liabilit (A Florida	ty Company as it now appears on our re- Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 10/02/2018	and assigned
Florida document number L18000233123	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
Ilash minks / La.		
"he new name must be distinguishable and contain the words "Limi	ted 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 ADDR	RESS)	
	 	
		022 *****
Enter new mailing address, if applicable:		SEP TI
Mailing address MAY BE A POST OFFICE BOX)		20
		ليا هـ
		Z K
3. If amending the registered agent and/or registered	l office address on our records, <u>en</u>	
gent and/or the new registered office address here:		7
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	ldress
		. Florida
	Ciţ	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

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
			□Remove
			Change
 -			□Add
			□Remove
			Change
		□Add	
		□Remove	
		□Change	
			□Add
		□Remove	
		□Change	
		□Add	
		Remove	
		□Change	
			□Add
			□Remove
			□ Change

Note:	tive date, if other than the date of filing:
he reco	rd 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 ided.
Date	June 1 2022