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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : I20140000083 Phone : (407)932-0040 Fax Number : (407)520-5473

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGNED GLAM VICE COSMETICS, LLC

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 \$25.00

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COVER LETTER

TO: Registration Section Division of Corporations	
GLAM VICE COSMETICS,	LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of Amendment and i	fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
PAULA G M	ARTINEZ
	Name of Person
GLAM VICE	COSMETICS, LLC
 	Pirm/Company
972 E OSCEO	OLA PKWY 305
**************************************	Address
KISSIMMEE	
	City/State and Zip Code
	OSMETICS@OUTLOOK.COM mail address: (to be used for future annual report notification)
For further information concerning this ma	
PAULA G MARTINEZ	407 844-4042
Name of Person	at (
Enclosed is a check for the following amo	unt:
■ \$25.00 Filing Fee □ \$30.00 Fili Certificat	re of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) (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

GLAM VICE COSMETICS, LLC			
(Name of the Limited Liability C (A Florida Li	company as it now appears on our reco mited Liability Company)	rds.)	···
The Articles of Organization for this Limited Liability Com Florida document number L18000245091	npany were filed on 10/18/2018		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
GAVISSI, LLC			
The new name must be distinguishable and contain the words "Limited	I Liability Company," the designation "LI	C" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:	A	.,	
(Principal office address MUST BE A STREET ADDRES	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		, ic:	
			21
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>ent</u>	er the name o	the new registere
agent antivor the new registered office address here.			<u> </u>
			∑ [H
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:			=
1.511 Nogigiorea office (Idages).	Enter Florida street addi		<u>ပ</u>
		Florida	
	City		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>	Name		Address	Type of Action
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				Change
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Note: If the date in	serted in this block do	of filing: coific and cannot be prior to es not meet the applica ent of State's records.	o date of filing or more than S ble statutory filing require	(optional) 00 days after filing.) Pursuant t ements, this date will not b	:o 605.020 e listed a
record specifies a d	delayed effective date	, but not an effective tis	ne, at 12:01 a.m. on the ea	arlier of: (b) The 90th day	y after the
Dated	12/2021		<u> </u>		
			rized representative of a me	mber	
	Sign		Hartinez d name of signee	- -	

Filing Fee: \$25.00