L19000018160

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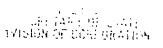
Division of Cor			
GLAMOR			
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter		
	MARTHA YOLANDA A	YALA	
		Name of Person	
	GLAMORR LLC		
		Firm/Company	
	4871 NW 116TH AVE		
		Address	
	DORAL, FL 33178		
	yolandaayala00@hotmail.c	City/State and Zip Code	
	· · · · · · · · · · · · · · · · · · ·	to be used for future annual report noti:	fication)
For further information c	concerning this matter, please c	all:	
MARTHA YOLANDA	AYALA	305 332-7870	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed 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 S		Street Address: Registration Sec	ction
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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GLAMORR LLC			
(<u>Name of the Lim</u>	ited Liability Compa (A Florida Limited I	ny as it now appears on our record Liability Company)	<u>(s.</u>)
The Articles of Organization for this Limited 1 Florida document number $\frac{119000018160}{1}$	Liability Company	were filed on 01/16/2019	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	lity company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STRE.	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	Ε ΒΟΧ)	-	
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>enter</u>	the name of the new registe
Name of New Registered Agent:	MARTHA YOLANDA AYALA		
New Registered Office Address:	4871 NW 116T	H AVE	
· · · · · · · · · · · · · · · · · · ·		Enter Florida street addres	o.s
	DORAL	, F1	orida <u>33178</u>
		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 AVISION OF COMPORATION

<u>Title</u>	<u>Name</u>	21 APR -2 PH 2: 49	Type of Action
MGR	DARWIN AYALA	4871 NW 116TH AVE DORAL, FL 33178	□ Add
			=Remove
			□Change
MGR MARTHA YOLANDA AYALA	MARTHA YOLANDA AYALA	4871 NW 116TH AVE DORAL, FL 33178	= Add
		□Remove	
			□Change
		□Add	
			Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
		Change	
			□Add
			□Remove
			□ Changa

). If amending any other inform	•		21 APR -2 PH 2: 50
			
			<u> </u>
			
			
Effective date, if other than th	ne date of filing:		ional)
(If an effective date is listed, the date m <u>Note:</u> If the date inserted in this document's effective date on the	ust be specific and cannot be prior to date block does not meet the applicable s Department of State's records.	of filing or more than 90 days afte tatutory filing requirements, thi	r filing.) Pursuant to 605.0207 (3) is date will not be listed as the
the record specifies a delayed effect cord is filed.	ive date, but not an effective time, at	t 12:01 a.m. on the earlier of: (t	b) The 90th day after the
Dated 03-24	2021		
H	Alla folmin	n Aun/n	
<i>!/ </i>	Signature of a number or authorized	representative of a member	· · · · · · · · · · · · · · · · · · ·
MARTHA YOLAND	A AYALA		
	Typed or printed nan	ae of signee	

Filing Fee: \$25.00