L19000071721

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S TALLENT

2019 MAY -6 PH 3:37 SECRETARY OF STATE

COVER LETTER

		on Section Corporations	
SUBJECT	:	Glam't+, LLC Name of Limited Liability Company	
The enclose	ed Anicl	es of Amendment and fee(s) are submitted for filing.	
Please retur	m all cor	respondence concerning this matter to the following:	
		Alan Wilmot Name of Person	
		Hether Legal, P. L.L.C	
		215 Hendricks Isle	
		City/State and Zip Code Code Cover 6 Next Lauder Code E-mail address: (to be used for future annual report notification)	
		E-mail address: (to be used for future annual report notification)	
For further	informa	ion concerning this matter, please call:	
Ala		at (281) 851-9570 ame of Person Area Code Daytime Telephone Number	
	N	ame of Person Area Code Daytime Telephone Number	
Enclosed is	a check	for the following amount:	
\$2 5.00	Filing F	ce \$\Bigcup \$30.00 \text{ Filing Fee & Certificate of Status}\$ Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

<u>Glamit Li</u>	<u></u>				
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appea la Limited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability (Company were filed on	3 13 2019	a	ınd ass	igned
Florida document number <u>L19000071721</u>		•			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	nited liability company h	ere:			
Tachie, LLC					1
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the c	lesignation "LLC" or th	e abbreviat	ion "L.l	C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDI	RESS)		7.7 3.3.8	2019	
			- 123 - 175	X	77
				9-	(SH
Enter new mailing address, if applicable:				0	
(Mailing address MAY BE A POST OFFICE BOX)				ယ	
				ည	_
			, ,		
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on	our records, <u>ent</u>	er the n	ame (of the ne
registered agent and/of the new registered office and	iress nere:				
Name of New Registered Agent:					
				-	
New Registered Office Address:	Entar Klas	ida street address	 -		
	Lauci Filor	na svet (alles)			
	City	, Florida	7:-	Code	
N. B. C. A. A. A. O	CILY		71p	Cixie	

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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			Remove
			☐ Change
			□ Remove
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`an effe <mark>Note:</mark>	ve date, if other than the date of filing:
e reco	ord specifies a delayed effective date, but not an effective time, at $12{:}01$ a.m. on the earlier of 90th day after the record is filed.
	May 1 2019
ated _	
ated _	
ated _	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00