

LI9000 129 481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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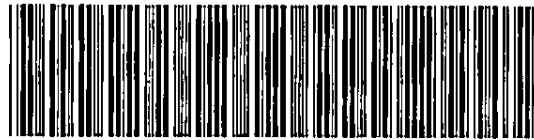
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Glam Touch Event Rentals 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:

Jill DiSalvo

\_\_\_\_\_  
Name of Person

DiSalvo & Associates, PLLC

\_\_\_\_\_  
Firm/Company

1760 N Jog Road, Suite 150

\_\_\_\_\_  
Address

West Palm Beach, FL 33411

\_\_\_\_\_  
City/State and Zip Code

jdisalvo@d-acpa.com

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

For further information concerning this matter, please call:

Jill DiSalvo

561 659-1177  
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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Glam Touch Event Rentals 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 05/13/2019 and assigned  
Florida document number L19000129481.

This amendment is submitted to amend the following:

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

N/A

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:**

N/A

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

N/A

(Mailing address MAY BE A POST OFFICE BOX)

**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:

DFS Agent LLC

New Registered Office Address:

1760 N Jog Road, Suite 150

*Enter Florida street address*

West Palm Beach

Florida

33411

*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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Madean Gilzene	6690 Rainwood Cove Ln	<input type="checkbox"/> Add
		Lake Worth, FL 33463	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Opal Thomas	5419 Sealine Blvd	<input type="checkbox"/> Add
		Greenacres, FL 33463	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Glitz and Glam Affairs LLC	3000 High Ridge Rd., Suite 7	<input checked="" type="checkbox"/> Add
		Boynton Beach, FL 33426	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SEP 20 AM 10:12  
 STATE OF FLORIDA  
 DEPARTMENT OF REVENUE  
 TALLAHASSEE, FLORIDA

N/A

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated \_\_\_\_\_ September 16th \_\_\_\_\_ 2019

Modena

Signature of a member or authorized representative of a member

**Madean Gilzene, MGR of Glitz and Glam Affairs LLC**

Typed or printed name of signee