

L19000179431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



☒ PICK-UP

☐ WAIT

☐ MAIL

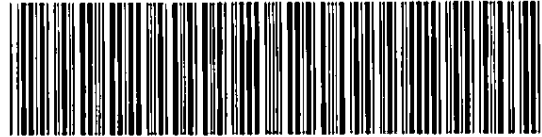
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100355130591

11/13/20--01003--002 **25.00

RECEIVED
FILED
2020 NOV 12 PM 4:34
2020 NOV 12 AM 9:25
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

100355130591

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GLOWING IN GRACE SKINCARE 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:

ASHLEY L. FLETCHER

Name of Person

Firm/Company

2990 PONCE DE LEON BLVD

Address

CORAL GABLES, FL 33134

City/State and Zip Code

JOSEPH@TAXEMPEROR.COM

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

For further information concerning this matter, please call:

ASHLEY L. FLETCHER

786

644-3282

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 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**

GLOWING IN GRACE SKINCARE 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 07/11/2019 and assigned Florida document number L19000179431.

This amendment is submitted to amend the following:

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

ASHLEY LAUREN SKINCARE LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

2990 PONCE DE LEON BLVD

CORAL GABLES, FL 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2990 PONCE DE LEON BLVD

CORAL GABLES, FL 33134

2020 NOV 2 AM 9:25

FILED

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:

ASHLEY L. FLETCHER

New Registered Office Address:

2990 PONCE DE LEON BLVD

Enter Florida street address

CORAL GABLES

City

Florida 33134

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.

Ashley L. Fletcher
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	ASHLEY L. FLETCHER	2990 PONCE DE LEON BLVD	<input type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2020 NOV 12 AM 9:25
STON

2020 NOV 12 AM 9:25
FBI
ASHTABUL

FILED
2020 NOV 12 AM 9:25
FBI - NEW YORK

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 NOVEMBER 11 2020

Ashley L. Fletcher Sign

Signature of a member or authorized representative of a member

ASHLEY L. FLETCHER

Typed or printed name of signee