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(Re	equestor's Name)	
(Ad	idress)	
(Ad	(dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

Division of C	Corporations		
	ER CLEANING SERVICE LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
	spondence concerning this matter		
		Name of Person	
	MyCorporation Business S	Services, Inc.	
		Firm/Company	
	26025 Mureau Road Suite		
		Address	
	Calabasas, CA 91302		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report i	notification)
For further informatic	on concerning this matter, please c	all:	
Processing Departme	nt	877 692-6772	2
Nan	ne of Person	at () Area Code Day	time Telephone Number
Enclosed is a check for	or 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 Add		Street Address	
Registration Section		Registration	Section Symposium

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLITTER CLEANING SERVICE LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number	ere filed on 10/03/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
Glitter CA Service LLC		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation " $1.1.0$ " or the a	bbreviation "L.1C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		20
		5
	-	020
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	ldress on our records, <u>enter the nan</u>	ne of the new registered
		- P
Name of New Registered Agent:	·	<i>₩</i> □
New Registered Office Address:	1. 3	,
	Enter Florida street address	
	Florida	

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.

City

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
	<u> </u>		□Add
			□Remove
			☐ Change
	Change Add Remove Add Remove Add Change Add Add		
			□Remove
			☐ Change
			□Remove
			□Change
			□Add
			□Remove
			Change
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Note: If the ϵ	te, if other than the date of filing:	05.020 sted a
e record speci ed is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af	ter the
Dated	2/21/2019	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00