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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	: #)
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ATTENDED

Amend CCC

FEB 1 4 2020 I ALBRITTON

COVER LETTER

	egistration Sectivision of Corp				
our room	Glitzy Acces	sories LLC			
SUBJECT	:	Name of Limited L	ability Company		
The enclos	ed Articles of A	mendment and fee(s) are submitted	for filing.		
Please retu	m all correspon	dence concerning this matter to the	following:		
		April Cuyler			
			Name of Person		
		Glitzy Accessories LLC			
			Firm/Company		
		4203 Tatum Street	••		
			Address City/State and Zip Code City/State and Zip Code City/State and zip Code Address: City/State and zip Code Address: Address: City/State and zip Code City/St		
		Orlando, FL 32811			
			•		
		glitzyaccessories407@gmail.com			
		E-mail address: (to be	used for future annual rep	ort notineation)	
For further	information co	ncerning this matter, please call:			
April Cuy	er				
	Name of	Person		Daytime Telephone Number	
Enclosed i	s a check for the	e following amount:			
□ \$25.00) Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate (ed) Certified C	of Status & Copy

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

Glitzy Accessories LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compartion document number L19000295680	ny were filed on December 03, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		ZDZO JAH
Enter new mailing address, if applicable:		5/2 5 5
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Emer Florida street address	
	, Florida	9
	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>	Name	Address	Type of Action
AR	Jennifer Cuyler	4203 Tatum Street	
		Orlando, Fl 32811	■ Remove
			Change
AR April Cuyler	April Cuyler	4203 Tatum Street	≅Add
		Orlando, FL 32811	□ Remove
			□Change
			□ ∧dd
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			Dbdd
			□Remove

Page 2 of 3

ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an effe <u>(ote:</u>	ve date, if other than the date of filing: (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
e rec	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.
ated]	January 11 2020
	Signature of a member or authorized representative of a member
	April Cuyler

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Filing Fee: \$25.00