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(Requestor's Name)
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(Business Entity Name)
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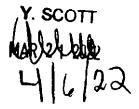
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COVER LETTER

TO:	Registration Section Division of Corporations GLITTER ANGEL, LLC						
SUBJ							
5524		Name of Limited Liability Company					
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		KRISTIN BALFOUR					
			Name of Person				
			Firm/Company				
		84 WICKLIFFE DR					
			Address	SE	20:		
		NAPLES, FL 34110		ALL.	2022 HAR		
			City/State and Zip Code	ARY (2 [
		E-mail address: (to be used for future annual report notif	ication)	3 1		
		oncerning this matter, please c	all:	TATE	ယ္ ()		
KRIS	TIN BALFOUR		at ()				
	Name o	f Person		e Telephone Number	_		
Enclo	sed is a check for the	he following amount:					
च् <u>य</u> इः	25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Certified Cop (additional copy	Status &		
	Mailing Address Registration		Street Address: Registration Sec	etion			
	5.1.1.1.0.00		D: :-:				

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

now appears on our records.) Company)
filed on 4/21/2021 and assigned
ompany here:
pany," the designation "LLC" or the abbreviation "L.L.C."
FIL 2022 MAR 2 SEGRETAR TALLAH
s on our records, enter the name of the new regi
т <u> —</u>
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.

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>	Type of Action
		N/A	
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		4/14/2022					
Effective date, if other than the offective date is listed, the date must	ate of filing	:		1 00	_ (optional)		
Note: If the date inserted in this blo	k does not m	eet the applica	io date of filing ible statutory	or more than 90 filing requirem	days after filing. ients, this date) Pursuant will not b	to 605.020 e listed a
document's effective date on the De	eartment of St	ate's records.					
e record specifies a delayed effective rd is filed.	date, but not a	an effective til	ne, at 12:01 a	.m. on the earl	ierof:(b) Th	e 90th day	after the
MARCH 14TH		2022					
Dated		±0±±					
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