## L20 000123507

(Red	questor's Name)	
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JUN 1 8 2020 S. YOUNG

## **COVER LETTER**

TO: Registration S Division of Co			
GLAMSY SUBJECT:	& ARIANNSE LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following.	
	GUSTAVOLIS		
		Name of Person	<del></del>
	GLAMSY & ARIANNSE		
	<del></del>	Firm/Company	<del></del>
	501 NE 31 STREET unit	Address  AMI, FL. 33137  City/State and Zip Code	
	Address MIAMI, FL 33137		
	MIAMI, FL 33137		
	cargomezn@gmail.com	City/State and Zip Code	<del></del>
	E-mail address: (	to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
GUSTAVO LIS		786 6580714	
Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for t	ne 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 Addres Registration S Division of C	Section orporations	Street Address: Registration Se Division of Co	rporations
P.O. Box 632	1	The Centre of	i alianassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLAMSY & ARIANNSE LLC			2020	
(Name of the Limited	Liability Company as it no Florida Limited Liability Co	w appears on our records.)		
The Articles of Organization for this Limited Liab Florida document number 1.20000123507	ility Company were file	11117 7 2020	and assigned	
This amendment is submitted to amend the following	ing:		6. 6.	
A. If amending name, enter the new name of th	e limited liability com	pany here:	<u>~</u>	
The new name must be distinguishable and contain the word	ls "Limited Liability Compar	ny," the designation "LLC" o	r the abbreviation "L.L.C."	
Enter new principal offices address, if applicable	le:			
(Principal office address MUST BE A STREET)	ADDRESS)			
		-		
Enter new mailing address, if applicable:	·			
(Mailing address MAY BE A POST OFFICE BO	<u> </u>			
			<del></del>	
B. If amending the registered agent and/or registered office address h	stered office address o <u>tere</u> :	n our records, <u>enter th</u>	name of the new registered	
Name of New Registered Agent:				
New Registered Office Address:				
	l:	nter Florida street address		
_	Florida			
	City		Zip Code	
New Registered Agent's Signature, if changing Regi	istered Agent:			
I hereby accept the appointment as registered a provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the regi company has been notified in writing of this cha	and complete performa red agent as provided j istered office address,	ince of my duties, and I for in Chapter 605, F.S	am familiar with and COr, if this document is	

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
MGR	GUSTAVO LIS LOZANO	501 NE 31 STREET UNIT 207, MIAMI, FL	<b>≣</b> ∧dd
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ffective date, if other than the	e date of filing:		(antio	19l)
ffective date, if other than the an effective date is fisted, the date mu	ist be specific and cannot be p	rior to date of tiling o	r more than 90 days after f	iling.) Pursuant to 605.0207
<b>Note:</b> If the date inserted in this b locument's effective date on the I	fock does not meet the app	olicable statutory fi	ling requirements, this	date will not be listed as
mountain a directive date on the fa	repartment of State 3 (con	us.		
record specifies a delayed effective is filed.	ve date, but not an effective	e time, at 12:01 a.n	n. on the earlier of: (b)	The 90th day after the
A 4 10	2020			
May 18		·		
Dated	<del></del>			
Pated	70/100:			
Pated	Highature of a member or as	there and management	va at a mamb	

Filing Fee: \$25.00