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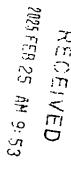
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| Certified Copies    | Certificates of          | Status      |
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| Special Instruction | s to Filing Officer:     |             |
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Office Use Only



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## **COVER LETTER**

| TO: Registration Section Division of Corpor |   |   |   |
|---|---|---|---|
| SUBJECT:G                                   | um Babe Bo<br>Name of Lin                       | Outique LLC mited Liability Company                               | <u>.</u>  |
| The enclosed Articles of Am                 |   | 9   |   |
| Please return all corresponde               | nce concerning this matter                      | r to the following:   |   |
|   | Samiy   | ah Reddick<br>Name of Person                                      |   |
|   | Glam B  | Be Foutique LLC   | <del> </del>  |
|   | 928 E   | agehill Cir   |   |
|   | Tullaha   | SSEE, FL 32303 City/State and Zip Code                            |   |
| -   | samiuahre                                       | ddick @ gmail wa<br>(to be used for future annual report notific  | cation)   |
| For further information conc                | erning this matter, please o                    | call:   |   |
| Tanya Mane of Pe                            | GIN FF  | at ( <u>850</u> ) <u>212 - 3</u><br>Area Code Daytime             | 328<br>Telephone Number   |
| Enclosed is a check for the fo              | ollowing amount:                                |   |   |
| \$25.00 Filing Fee                          | ☐ \$30.00 Filing Fee &<br>Certificate of Status | \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Address:                            | vi an   | Street Address:   | ·   |

TO:

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

| <u>Glam Babe Bo</u>   | outique LLC  |
|---|--|
| ( <u>Name of the Limited Liability Compa</u><br>(A Florida Limited  | ny as it now appears on our records.)<br>Liability Company)  |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L20000127876</u> .     | were filed on 5 1212020 and assigned   |
| This amendment is submitted to amend the following:   |  |
| A. If amending name, enter the new name of the limited liab   |  |
| The new name must be distinguishable and contain the words "Limited Liabi   | lity Company," the designation "LLC" or the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:   | 19211 Panama City Beach  |
| (Principal office address MUST BE A STREET ADDRESS)   | _PKWY # 1108, Panama<br>_City Beach FL, 32413  |
| Enter new mailing address, if applicable:   | 19211 panama City Beach  |
| (Mailing address MAY BE A POST OFFICE BOX)  | PKNY # 1108, pandma<br>City Beach FL, 32413  |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>enter the name of the new registered</u>  |
| Name of New Registered Agent:   |  |
| New Registered Office Address:  | Enter Florida street address   |
|   | The state of the s |
|   | , Florida  |
| New Registered Agent's Signature, if changing Registered Agent:   |  |

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.

f Changing Registered Agent, Signature of New 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

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> | Address      | Type of Action |
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| If an effective of Note: If the | te, if other than the<br>ate is listed, the date me<br>date inserted in this b<br>ffective date on the E | st be specific and<br>lock does not r | I cannot be prio<br>neet the applic   | r to date of filing<br>cable statutory | or more than 90 d |              |               |
|                                 | pecifies a delaye<br>day after the red   |                                       |                                       | ot an effectiv                         | ve time, at 1     | 2:01 a.m. or | the earlier o |
| Dated                           | 125/25   |                                       | ·                                     | ·                                      | n / /             | 1/           |               |
|                                 |  |                                       | Sam                                   | iyah 1                                 | Reddu             | 4            |               |
|                                 |  | Signature of a                        | member or auth                        | orized represent                       | itive of a membe  | r            |               |
|                                 |  |                                       |                                       |  | Reddic            |              |               |

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Filing Fee: \$25.00