

L20 000 163887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

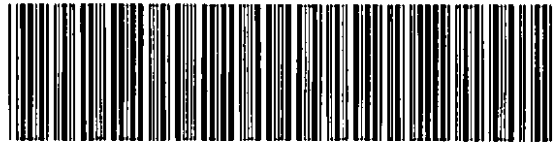
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OCT 07 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Glam Beauty Boxx LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joaguina M. Dume
Name of Person

Glam Beauty Boxx LLC
Firm/Company

18575 NW 22nd Ave
Address

Miami Gardens, FL 33056
City/State and Zip Code

gbeautyboxx@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joaguina M. Dume at (786) 681-2545
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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 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**

Glam Beauty Boxx LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

JUN 15 2020 4:02 PM

The Articles of Organization for this Limited Liability Company were filed on June 15, 2020 and assigned Florida document number L20000163887.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1317 Edgewater Drive
Suite #759
Orlando, FL 32804

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

, Florida

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AR	Marie T. Preal	18575 NW 22nd AVE	<input type="checkbox"/> Add
		Miami Gardens, FL 33056	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Judith Dumé	18575 NW 22nd AVE	<input type="checkbox"/> Add
		Miami Gardens, FL 33056	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Jahi C. Zamor	18575 NW 22nd AVE	<input type="checkbox"/> Add
		Miami Gardens, FL 33056	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 19th, 2020

Signature of a member or authorized representative of a member

Joaguina M. Dume
Typed or printed name of signee