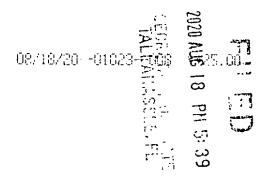
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
CHRI	s come.	GLAM PE	EARL DESIGNS, LLC	
SUBJE	.c.:	Name of Lin	nited Liability Company	_
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		D	ARLENE L. ALEXANDER	
			Name of Person	<del></del>
		GL	AM PEARL DESIGNS, LLC	
			Firm/Company	<del></del>
		;	3389 Sheridan Street, #495	
			Address	<del></del>
		Н	ollywood, Florida 33021	
			City/State and Zip Code	202 SE
			ampearlidesigns@gmail.com	
			(to be used for future annual report notification)	2020 AUG 18 SECKE KATA
For fur	ther information o	oncerning this matter, please of	all:	
	Darlene L. A	llexander	954 805-5085	8 P S
	Name o	l Person	Area Code Daytime Telephone Nu	mber Signature
Enclose	ed is a check for th	e following amount:		
<b>≡</b> \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	0 Filing Fee, ificate of Status & fied Copy ional copy is enclosed)
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Sui Tallahassee, FL 32303	te 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

is amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  //A  e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" or the abbr		LAM Pearl Designs	a, Lube		
orida document number L20000179975  his amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  N/A  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LL" or the abbreviation or the abbreviation "LL" or the abbreviation "LL" or the abbreviation "LL" or the abbreviation "	(Name of the Limi	ited Liability Compa (A Florida Limited	any as it now appears Liability Company)	on our records.)	
If amending name, enter the new name of the limited liability company here:    If amending name, enter the new name of the limited liability company," the designation "LLC" or the abbreviation "LLC" o	<u> </u>	Liability Company	were filed on	06/26/2020	and assigned
da document number  L20000179975  amendment is submitted to amend the following:  f amending name, enter the new name of the limited liability company here:  ew name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "T r new principal offices address, if applicable:  N/A  N/A  N/A  N/A  Impaddress MUST BE A STREET ADDRESS)  N/A  N/A  N/A  Impaddress MAY BE A POST OFFICE BOX)  Amending the registered agent and/or registered office address on our records, enter the name of the net and/or the new registered office address here:  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/					
e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LL nter new principal offices address, if applicable:    N/A   N/A   N/A     N/A	If amending name, enter the new name of	of the limited liab	oility company her	<u>re</u> :	
Principal office address MUST BE A STREET ADDRESS)  N/A  N/A  NIA  NIA  NIA  NIA  NIA  NIA	Ñ/A				
Principal office address MUST BE A STREET ADDRESS)  N/A  N/A  NIA  NIA  NIA  NIA  NIA  NIA	ne new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the des	signation "LLC" or the al	obreviation "L.I.C."
Principal office address MUST BE A STREET ADDRESS)  N/A  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  N/A  N/A  If amending the registered agent and/or registered office address on our records, enter the name of the new pent and/or the new registered office address here:  Name of New Registered Agent:  N/A  New Registered Office Address:  N/A	nter new principal offices address, if appli-	cable:	N/A		120 I
nter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  N/A  N/A  N/A  If amending the registered agent and/or registered office address on our records, enter the name of the new gent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  N/A  N/A	• • • • • • • • • • • • • • • • • • • •		N/A		
Mailing address MAY BE A POST OFFICE BOX  N/A  If amending the registered agent and/or registered office address on our records, enter the name of the new gent and/or the new registered office address here:  Name of New Registered Agent:  N/A  New Registered Office Address:  N/A			N/A		18
Mailing address MAY BE A POST OFFICE BOX  N/A  If amending the registered agent and/or registered office address on our records, enter the name of the new gent and/or the new registered office address here:  Name of New Registered Agent:  N/A  New Registered Office Address:  N/A					PH
Mailing address MAY BE A POST OFFICE BOX)  N/A  N/A  If amending the registered agent and/or registered office address on our records, enter the name of the new gent and/or the new registered office address here:  Name of New Registered Agent:  N/A  New Registered Office Address:  N/A	nter new mailing address, if applicable:		N/A		ال ال
N/A  If amending the registered agent and/or registered office address on our records, enter the name of the new reent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  N/A		BOX)	N/A		ည်း ယွ
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	New Registered Office Address:	N/A	Enter Elevie	la streat addruce	
			isiner Faoria		<b>/</b> A
N/A Florida N/A Zip Code		NI/A			

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

•	-	_				~6~·			
A	ı	1	BR	=	Auth	orize	d	Mem	ber

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	DARLENE L. ALEXANDER	7131 HOPE STREET	□Add
		HOLLYWOOD, FL 33024	Песточе
			■Change
			□Add
			□Rеточе
			P □ Remove □ □ Change
			OChange
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fective date, if oth an effective date is liste	d, the date must be sp	ecitic and ca	annot be pric				90 days at			
ote: If the date inser- ocument's effective of					itory filir	ig requir	ements, t	his date w	vill not be	listed as
record specifies a de	ayed effective date	, but not a	n effective	time, at 1.	2:01 a.m.	on the e	arlier of:	(b) The	90th day a	after the
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			2020					$\sim$		
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Filing Fee: \$25.00