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COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Se Division of Cor					
SUBJEC'		TUS GLAM BOUTIQUE LLC				
SOBJEC		Name of Lim	ited Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	urn all correspo	indence concerning this matter	to the following:			
		Graciela Gonzalez-Medina	ı			
			Name of Person			
		THE CACTUS GLAM BO	OUTIQUE LLC			
			Firm/Company	· · · ·		
		4003 JENSEN DR				
			Address			
		PLANT CITY, FL 33563				
			City/State and Zip Code			
		Ela85a@aol.com				
		E-mail address: (to be used for future annual report	notification)		
For furthe	r information c	oncerning this matter, please co	ıll:			
Graciela (Gonzalez-Medi	-Medina 813 720-5826				
Name of Person		Area Code Do	sytime Telephone Number			
Enclosed	is a check for th	ne following amount:				
	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
F	dailing Addres Registration S Division of C	Section	Street Addres Registration Division of			
Division of Corporations P.O. Box 6327			The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE CACTUS GLAM BOUTIQUE LLC

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

The Articles of Organization for this Limited Liability Cor	many wara filad on	08/28/2020	and assimed
			and assigned
Florida document number L20000269311	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company	<u> here</u> :	
The new name must be distinguishable and contain the words "Limite	d Liability Company," t	he designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u></u>		
		<u>.</u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			<u> </u>
D. M	- CC		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	omice address on ou	r records, enter th	e name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
new registered Affice Address.	d office address on our records, enter the name of the new registered Enter Florida street address Florida		
		. Flori	da
	City		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>	Name	Address	Type of Action
MGR	Graciela Gonzalez-Medina	4003 JENSEN DR	= Add
		PLANT CITY, FL 33563	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□ Change
			Remove
			□Change
			Remove
			□Change
	-		□Add
			□Remove
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<u>te:</u> If the dat	if other than is fisted, the date e inserted in thi ective date on th	is block does n	not meet the ap	plicable statuto	ing or more than or filing require	(option 90 days after fi ements, this d	al) ling.) Pursuant to late will not be	605.020 listed as
cord specifie s filed.	s a delayed effe	ctive date, but	not an effectiv	re time, at 12:0	I a.m. on the ea	arlier of: (b)	The 90th day	after the
	er 14th	_	2020					
Septemb ed		$\overline{}$	— · ———		/			
sed Septemb	<u>, l.</u>	<u></u>	1	Mia	n cntative of a mer	Nhr		_

Filing Fee: \$25.00