

L20000328151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

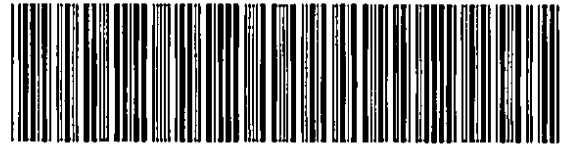
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A. RMERS

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RECEIVED  
2021 DEC 13 AM 8:59  
OFFICE OF STATE



2021 OCT 13 PM 12:52

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 12, 2021

SHONTONNIA BURGMAN  
20810 NE 45TH ST.  
WILLISTON, FL 32696

SUBJECT: TRINTY GLAM AND GLITZ LLC  
Ref. Number: L20000328151

We have received your document for TRINTY GLAM AND GLITZ LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers  
Regulatory Specialist II

Letter Number: 021A00024834

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TRINITY GLAM AND GLITZ 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:

SHONTONNIA BURGMAN

Name of Person

TRINITY GLAM AND GLITZ LLC DBA TRINITY HAIR PRODUCTS

Firm/Company

20810 NE 45TH ST

Address

WILLISTON, FL 32696

City/State and Zip Code

trinityglamandglitz@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHONTONNIA BURGMAN

352 219-1435

at ( )

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**

TRINTY GLAM AND GLITZ 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 Company were filed on 10/16/2020 and assigned Florida document number L20000328151.

This amendment is submitted to amend the following:

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

TRINTY GLAM AND GLITZ LLC

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

**Enter new principal offices address, if applicable:**

20810 NE 45TH ST.

**(Principal office address MUST BE A STREET ADDRESS)**

WILLISTON, FL 32696

**Enter new mailing address, if applicable:**

20810 NE 45TH ST.

**(Mailing address MAY BE A POST OFFICE BOX)**

WILLISTON, FL 32696

**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:

SHONTONNIA BURGMAN

New Registered Office Address:

20810 NE 45TH ST.

*Enter Florida street address*

WILLISTON

*City*

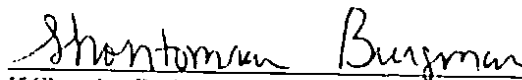
Florida

32696

*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

2021 DEC 13 AM 8:59  
FILED  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA

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**

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

PLEASE CORRECT THE BUSINESS REGISTRATION NAME: TRINITY GLAM AND GLITZ LLC.

Please correct name to Trinity Glam And  
Glitz LLC

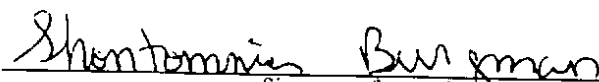
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated SEPTEMBER 21, 2021



Signature of a member or authorized representative of a member

SHONTONNIA BURGMAN

Typed or printed name of signee