K20000 347564

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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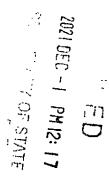
Office Use Only

A. RIVERS
DEC 14 2021



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12/01/21--01015--030 **30.00



| TO: | Registration Sec Division of Corp | | | | |
|-----------|--------------------------------------|--|---|---|--|
| CHD IE/ | Bholder LL | | | | |
| SUBJEC | Name of Limited Liability Company | | | | |
| The encl | osed Articles of a | Amendment and fee(s) are sub- | mitted for filing. | | |
| Please ro | eturn all correspo | ndence concerning this matter | to the following: | | |
| | | Brittany Johnson | | | |
| | | | Name of Person | | |
| | | Bholder LLC | | | |
| | | | Firm/Company | <u> </u> | |
| | | 8415 Quito place | | | |
| | | | Address | | |
| | | Wellington, FL | | | |
| | | | City/State and Zip Code | | |
| | | irieglow@gmail.com | | | |
| For furtl | er information c | E-mail address: () oncerning this matter, please c | to be used for future annual report not all: | itication) | |
| | Johnson | | 561 818-2728 | | |
| | Name of | i Person | Area Code Daytin | ne Telephone Number | |
| Enclosed | d is a check for th | ne 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 Addres | | Street Address: | anti an | |
| | Registration S Division of C | | Registration Se Division of Co | | |
| | P.O. Box 632 | 7 | The Centre of | Tallahassee | |
| | Tallahassee, I | FL 32314 | 2415 N. Monro | be Street, Suite 810 | |

Tallahassee, FL 32303

TO:

ARTICLES OF ORGANIZATION OF

| This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: rie Glow LLC the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "I | ssigned |
|--|-------------------------------|
| Florida document number 1.20000347564 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: rie Glow LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "I | J |
| rie Glow LLC he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "I | .IC." |
| he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "I | .IC." |
| | LL.C." |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "Enter new principal offices address, if applicable: | L.L.C." |
| Enter new principal offices address, if applicable: | |
| | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | |
| | |
| Enter new mailing address, if applicable: 8415 Quito Place Wellington FL 33414 | |
| Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| 3. If amending the registered agent and/or registered office address on our records, enter the name of the ne negent and/or the new registered office address here: Name of New Registered Agent: | w register |
| New Registered Office Address: | |
| Enter Florida street address | |
| Florida ———————————————————————————————————— | |
| Enter Florida street address City City City City | |
| dew Registered Agent's Signature, it changing Registered Agent: | |
| hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to some provisions of all statutes relative to the proper and complete performance of my duties, and I am familian wherever the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. If this doctoring filed to merely reflect a change in the registered office address, I hereby confirm that the limited table company has been notified in writing of this change. | i th a nd cument is |
| | |

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--------------|--------------|----------------|
| | | | ☐Add |
| | | | □Remove |
| | | | □Change |
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| 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 9t days after filing. Prussuant to 605,0207 (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. The record specifies a delayed effective date, but not an effective time, at 12,01 a.m., on the earlier of: (b) The With day after the ord is filed. Dated License Advanced The With day after the order of a member of a me | _ | |
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| Signature of a member or authorized representative of a member | | |
| | Dated | 11/07/2021 |
| | | Bli_ |
| Brittany Johnson | | Signature of a member or authorized representative of a member |
| | | Brittany Johnson |