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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Division of	n Section Corporations		
SUBJECT:	Jamor Lashes	LLC	
30Date1		Liability Company	
The enclosed Articles	s of Amendment and fee(s) are submit	ted for filing.	
Please return all corre	espondence concerning this matter to t	the following:	
	Enera De	Luna	
	Glamor La	Name of Person	
		Firm/Company	
e	15 2636 Kir		maining: 34121 Clemons Rd.
		Address	
	Dover, Fl.	33527	Plant City, Fl. 335
	E-mail address: (to b	una @ gmail. Com be used for future annual report notifi	ication)
For further information	on concerning this matter, please call:		
	a DeLuna me of Person	at (813) 401- S	1357 Telephone Number
1421	ic of Felson	riva code Dayanio	respinse Number
Enclosed is a check f	or the following amount:		
\$25.00 Filing Fe	e S30.00 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)
<u>Mailing Ad</u>	dress:	Street Address:	
Registration	on Section	Registration Sec	
Division o P.O. Box	of Corporations 6327	Division of Corp The Centre of Tale	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Glamor Las	hes LLC	
	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	oility Company were filed on	and assigned
Florida document number 01/01/2021	· 	
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the lamber Cosmeti. The new name must be distinguishable and contain the work.		abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or reg	istered office address on our records, enter the na	me of the new registered
agent and/or the new registered office address		Ø.
		No.
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	•
	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 pers	on being adde
or removed from our records:	1 U / N			
MCD - Managar	N/A			

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	 		□Add
			□Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Remove
			Change
			
			□Remove
			□ Change
			□ Add
			□Remove
			□ Change

I need to change the entity filing name
from Glamor Lashes LLC to
Glamor Cosmetics LLC
I also want to have cosmetics in my business
not only lashes.
Any questions please contact me at
813-401-2357 or at eneradeluna@gmail.com
Thank you!

E. Effective date, if other than the date of filing:
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
Signature of a member or authorized representative of a member
Typed or printed name of signee

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