## M1000006740

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800378309678

13/22/21--01004--001 \*\*25.00



A. BUTLER JAN 1 2 2022

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Simple's Hive of Travel, 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:
<b>~</b>
Jimone M. Farlane
Name of Person
Votten W Ink Nutary and Rainess Solutions
Firm/Company
1583 Swan Lake Cricle
Address
Durke FL 33438  City/State and Zip Code  Simne a with a com
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& Certificate of Status \$\Bigcup \$60.00 Filing Fee \& Certificate of Status \$\Bigcup \$60.00 Filing Fee \& Certificate of Status \$\Bigcup \$60.00 Filing Fee \& Certified Copy & 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

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1

ALC I I	CLLS OF O	ROZEI II ZZELIO:	1	
	0	F	1022 070 %2	1, - 60
Simone's the	ue of th	ruc/ LLC		J.F
(Name of the Limite	d Liability Compar A Florida Limited I	ny as it now appears on or hability Company)	ur r <del>e</del> cords.)	
The Articles of Organization for this Limited Lia Florida document number	ability Company	were filed on 12)	29/20	_ and assigned
his amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
Glamour Tag	Consult	ation ferr	ices, LLC	
he new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company," the designat	tion "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applica	ıble:	7901 4m	SHN Ste	300
Principal office address MUST BE A STREET		St Peters	hug PL	337 <u>/2</u>
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE E	<u>30X)</u>	79\$1 41 Di Peterb	SIN De my 12,	3/15 33 <del>7</del> (1
<ol> <li>If amending the registered agent and/or regent and/or the new registered office address</li> </ol>		ddress on our record	s, <u>enter the name (</u>	of the new register
Name of New Registered Agent:	<i>P</i> a	egistered H	lank In	
New Registered Office Address:	7901	egistered L.  47 St N  Euter Florida str	HC BY	•
		rslarg Cin		
		Cin		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:

ui icinov	eu trom our recorns.		
MGR =	Manager		

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		<del> </del>	□Add
			□Remove
			Change
			□Add
			□Remove
			☐Change
	<del></del>		□Add
			□Remove
			☐ Change
		***	DAdd
			□Remove
			□Change
			□Add
		□Remove	
			□Change
		[] Add	
		<del></del>	□Remove
			□Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	······································
_	
_	
-	
<del></del>	
f an effec <u>Note:</u> It	e date, if other than the date of filing:
e record : d is like	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
Dated _	December 6 2021
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	Typed or printed name of signee