

NR 1000006740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

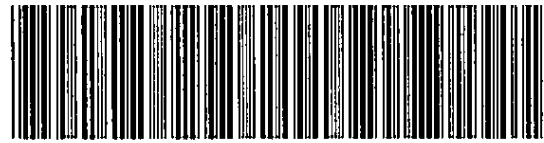
(Business Entity Name)

(Document Number)

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12/22/21--01004--001 *425.00

Handwritten notes:
Suzanne Butler
1

A. BUTLER

JAN 12 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Simone's House 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:

Simone McFarlane
Name of Person

Written 'N Ink Marketing and Business Solutions
Firm/Company

1543 Swan Lake Circle
Address

Dunee FL 33538
City/State and Zip Code

simone@writtenink.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Simone McFarlane at (813) 617 5657
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

Simone's Home of Travel 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 12/29/20 and assigned Florida document number L21400006740.

This amendment is submitted to amend the following:

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

Glamour Tag Consultation Services, LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7901 4th St N Ste 300
St Petersburg FL, 33702

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7901 4th St N Ste 300
St Petersburg FL, 33702

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:

Registered Agents Inc

New Registered Office Address:

7901 4th St N Ste 300

Enter Florida street address

St Petersburg

City

Florida

33702

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.

Bill Havre

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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