

L21000033402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

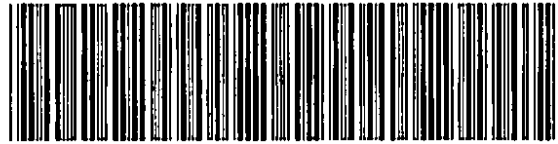
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



600382734826

03/04/22--01013--023 \*\*25.00

FILED

2022 MAR -4 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FL

A. BUTLER

MAR 14 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Glitzy Dreams 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:

Cathy Schaibly

\_\_\_\_\_  
Name of Person

UNBEHAGEN ADVISORS

\_\_\_\_\_  
Firm/Company

31 W TARPON AVE

\_\_\_\_\_  
Address

TARPON SPGS

~~344~~ 34689  
\_\_\_\_\_  
City/State and Zip Code

CATHY@UNBEHAGENADVISORS.COM

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

For further information concerning this matter, please call:

CATHY SCHAIBLY

727 9439105  
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

**FILED**

Glitzzy Dreams LLC

2022 MAR -4 AM 9:54

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FL.

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned  
Florida document number \_\_\_\_\_.

This amendment is submitted to amend the following:

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

Dress & Play for Infinity & Beyond 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:

8161 SR 52

(Principal office address MUST BE A STREET ADDRESS)

Hudson FL 34667

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

Lisa Huber

New Registered Office Address:

8161 SR 52

*Enter Florida street address*

Hudson

*City*

Florida 34667

*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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mgr	Lisa Huber	8161 SR 52 Hudson FL 34667	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	Brandi A Huber	12129 Infinity Drive New Port Richey FL 34654	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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 March 1, 2022

Lisa M. Huber  
Signature of a member or authorized representative of a member

Lisa M. Huber  
Typed or printed name of signee

**Filing Fee: \$25.00**

## DO ADDS-WORKSHEET

MONTH: June 2021

CLIENT: GAUBATZ LANDSCAPING

LAST CK# \_\_\_\_\_

SUREPAYROLL  
NO SALES TAXSALESGROSS/EXEMPT \$ 39621.50

DEPOSITS = SALES

CHECK STUBS & CPO'S TOTAL

CHECK STUBS TOTAL	\$ <u>7268.68</u> ✓
PAYROLL	\$ <u>4123.70</u>
UNBEHAGEN	\$ <u>395.00</u>
EFT/BANK CHECKS	\$ <u>16784.85</u>
CREDIT CARD (230)	\$ <u>2524.65</u> ✓
TOTALS	\$ _____

DEPOSITS

DEPOSITS	\$ <u>39621.50</u>
END BANK BAL.	\$ <u>3934.71</u> (6) MO

LOANS FROM SHAREHOLDERS		
	DR	CR
100	\$ _____	
251		\$ _____