L21000042232

(Re	questor's Name)
(Ad	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	es of Status
Special Instructions to I	Filing Officer:	
	Pe	eceived
<u> </u>		eceived 06-07





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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 20, 2021

ALLA FRANZO 12580 CROTON ROAD NORTH MIAMI, FL 33181

SUBJECT: GLITZY GLAM GIRLS, LLC

Ref. Number: L21000042232

We have received your document for GLITZY GLAM GIRLS, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham OPS

Letter Number: 321A00010685;

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COVER LETTER

TO: Registration S Division of Co	
SUBJECT:	Vitay Glam GIRIS, LLC Name of Limited Liability Company
	Name of Limited Liability Company
The analogue Articles of	of Amendment and fee(s) are submitted for filing.
Please return all corresp	condence concerning this matter to the following:
	AllA FRANZO Name of Person
	Glitzy Glam Gikls, UC
	12580 CROTON Road Address
	Address
	North Miami, FL 33/81 City/State and Zip Code
	City/State and Zip Code
	ALLA FRANZO @ YAHOO - COM E-mail address: (to be used for future annual report notification)
Ever from the article from a tion	concerning this matter, please call:
H/IA	FRANCO at 954, 684 - 0888 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	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee,
	Certificate of Status Certified Copy Certificate of Status & Certified Copy Certified Copy
•	fees already paid (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Addr	ess: Section Corporations Division of Corporations The Centre of Tallahassas
Registration	Section Registration Section
Division of P.O. Box 63	Corporations Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite \$10
Tallahassee	, PL 32314 2415 N. Wolffoe Street, Suite 610
	Tallahassee, FL 32303
	——————————————————————————————————————

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G11124 Glan G1	RIS, LU	rs on our records)	
(Name of the Limited Liability Compar (A Florida Limited L	iability Company)	is on our records.	
The Articles of Organization for this Limited Liability Company of Florida document number <u>L 21000 422-32</u>	were filed on	D1-21-2021	, and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	In for this Limited Liability Company were filed on		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the d	lesignation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			···
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our r	ecords, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	rida street address	
	Cin	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City		zip Coue
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as peleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of provided for in C	Imy duties, and I am far Chapter 605, F.S.; Or. if by confirm that the limit	miliar with and भिन्नेs document is

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>	Name	Address	Type of Action
MGR	KAREN LORIA	401 69th Street	□Add
		APT 706	X Remove
		MIAMI BEACH, FL 331	4/ □Change
			🗆 Add
			□Remove
			□ Change
			□Add
			□Remove
			🗀 Add
			□Remove
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	e date must be specific	ic and cannot be prior t	to date of filing or mor		iling.) Pursua	
n effective date is listed, the tee: If the date inserted cument's effective date	on the Department			the audior of th	The Other	day after the
Tective date, if other to effective date is listed, the stee. If the date inserted cument's effective date ecord specifies a delayed is filed.	on the Department d effective date, but	t not an effective tir	ne, at 12:01 a.m. or	;		0,
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n effective date is listed, the ter. If the date inserted cument's effective date ecord specifies a delayed	on the Department d effective date, but	t not an effective tir	ne, at 12:01 a.m. or	;		0,