

L21000095201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

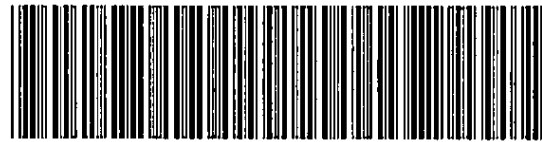
(Business Entity Name)

(Document Number)

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S.C.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Glam And Me Beauty & Design, 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:

Kandis Weekes

Name of Person

Glam And Me Beauty & Design, LLC

Firm/Company

109 N. Beaumont Ave

Address

Kissimmee, FL 34741

City/State and Zip Code

GlamAndMeBeauty@gmail.com

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

For further information concerning this matter, please call:

Kandis Weekes

407

780-1669

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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Glam And Me Beauty & Design, 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 2/26/2021 and assigned  
Florida document number L21000095201.

This amendment is submitted to amend the following:

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

Glam And Me Beauty & Design, 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:**

109 N Beaumont Ave

**(Principal office address MUST BE A STREET ADDRESS)**

Kissimmee, FL 34741

**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:

New Registered Office Address:

Enter Florida street address

City, Florida

2021 APR 16  
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>
	Kandis Weekes	5614 Escalante Canyon Drive	<input checked="" type="checkbox"/> Add
		Kissimmee, FL 34758	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Janelle Weekes	5614 Escalante Canyon Drive	<input type="checkbox"/> Add
		Kissimmee, FL 34758	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Janac Weekes	5614 Escalante Canyon Drive	<input type="checkbox"/> Add
		Kissimmee, FL 34758	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2021 APR 16 11:36  
 ADD  
 REMOVE  
 CHANGE

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(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 April 14, 2021

Signature of a member

Signature of a member or authorized representative of a member

## Kandis Weekes

Typed or printed name of signee

FILED  
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The 9th day after the