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Office Use Only



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A. BUTLER FEB 15 2022

COVER LETTER

TO: Registration S Division of Co							
GLAM A	ND ME BEAUTY & DESIGNS	S, LLC	•				
SUBJECT:	Name of Lin	nited Liability Company					
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.					
	nondence concerning this matter	<u>-</u>					
	KANDIS WEEKES						
		Name of Person	-				
KREATIVE MINDS CUSTOM DESIGNZ LLC							
		Firm/Company	· -				
	109 N BEAUMONT AVE						
		Address					
	KISSIMMEE, FL, 34758						
		City/State and Zip Code					
	KANDISWEEKES@GMA E-mail address:	IL.COM to be used for future annual report notif	ication)				
For further information	concerning this matter, please of	·					
KANDIS WEEKES		407 780-1669 at ()					
Name	of Person		: Telephone Number				
Enclosed is a check for	the following amount:						
\$25.00 Filing Fee	S30.00 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 Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee : Street, Suite 810				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLAM AND ME BEAUTY & DE	•			11 4 C
(<u>Name of the Limi</u>	ted Liability Compa (A Florida Limited I	ny as it now appears on ou Liability Company)	r records.)	
			٠ ,	, FL
The Articles of Organization for this Limited L	iability Company	were filed on $\frac{2/26/2021}{}$!	_ and assigned
Florida document number L21000095201				
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
KREATIVE MINDS CUSTOM DESIGNZ, LLC				
The new name must be distinguishable and contain the v	vords "Limited Liabil	lity Company," the designati	on "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		109 N BEAUMONT A	VE	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		KISSIMMEE, FL. 347	41	
Enter new mailing address, if applicable:		109 N BEAUMONT AVE		
Mailing address MAY BE A POST OFFICE	BOX)	KISSIMMEE, FL, 34741		
B. If amending the registered agent and/or ingent and/or the new registered office addre	registered office a	address on our records	s, enter the name o	of the new regist
Name of New Registered Agent:	KANDIS WEE	KES		
New Registered Office Address:	109 N BEAUM	IONT AVE		
		Enter Florida stre	et address	
	KISSIMMEE		, Florida ³⁴⁷⁴	İ
		City		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>	Address	Type of Action
MGR	KANDIS WEEKES	109 N BEAUMONT AVE	□Add
		KISSIMMEE, FL, 34741	□Remove
			Change
			/ □Add
			□ Remove
			☐ Change
			□Add
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Iffective d	ate, if other the date is listed, the date inserted in effective date of	date must be spe	of filing: _ cific and car es not mee	t the applical	o date of filing ble statutory	or more than 9 filing require	(option 0 days after fil ments, this d	ing.) Pursuant to	605.020 listed a
<u> fote:</u> If the									
Note: If the locument's record spe	cifies a delayed	effective date,	but not an	effective tim	ne, at 12:01 a	.m. on the ca	rlier of: (b)	The 90th day a	ifter the
Note: If the locument's record sped is filed.		effective date,	,	effective tim	ne, at 12:01 a	.m. on the ea	rlier of: (b)	The 90th day a	ifter the
Note: If the document's record spe d is filed.	cifies a delayed		1 ::	2022 U	ne, at 12:01 a			The 90th day a	after the

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE Division of Corporations SECRETARY OF STATE

SECRETARY OF STATE TACLAHASSEE, FL

January 25, 2022

KANDIS WEEKES 109 N BEAUMONT AVE KISSIMMEE, FL 34758

SUBJECT: GLAM AND ME BEAUTY & DESIGN, LLC

Ref. Number: L21000095201

We have received your document for GLAM AND ME BEAUTY & DESIGN, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Letter Number: 222A00001882

Anissa Butler Regulatory Specialist II

www.sunbiz.org