LZ1 COO 101444

(Re	equestor's Name)	
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(Ci	ity/State/Zip/Phone	#)
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
(Bı	usiness Entity Nam	e)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:

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SUBJEC	.T:	Name of Lim	ited Liability Company	
The enclo	osed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Crimson Software LLC Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filling. all correspondence concerning this matter to the following: William Zachary Zinn Name of Person Crimson Software LLC Firm/Company 2626 Cordoba Ranch Blvd Address Lutz/Florida/33559 City/State and Zip Code williamzzinn@gmail.com E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: hary Zinn Name of Person at (1) Area Code Daytine Telephone Number check for the following amount: illing Fee		
			Name of Person	
		Crimson Software LLC		
			Firm/Company	
		2626 Cordoba Ranch Blvd		
	Division of Corporations Crimson Software LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing, ease return all correspondence concerning this matter to the following: William Zachary Zinn Name of Person Crimson Software LLC Firm/Company 2626 Cordoba Ranch Blvd Address Lutz/Florida/33559 City/State and Zip Code williamzzinn@gmail.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: Villiam Zachary Zinn Name of Person Name of Person Registration Softing Fee & Certificate of Status & Certificate Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations			
		Lutz/Florida/33559		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report no	milication)
For furth	er information c	oncerning this matter, please co	all:	
William	Zachary Zinn		, , , , , , , , , , , , , , , , , , , ,	
	Name o	f Person		me Telephone Number
Enclosed	is a check for th	ne following amount:		
€ \$25.	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
				ection
	_		-	
	P.O. Box 632	7	The Centre of	Tallahassee
	Tallahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303



2022 755 -8 AM 10: 30

FLORIDA DEPARTMENT OF STATE Division of Corporations

July 26, 2022

7.

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WILLIAM ZACHARY ZINN 2626 CORDOBA RANCH BLVD LUTZ, FL 33559

SUBJECT: GLIMMER STUDIOS LLC

Ref. Number: W22000097346

We have received your document for GLIMMER STUDIOS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the City, State and Zip Code in the Principal and Mailing address.

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) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 422A00016626

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Crimson Software LLC

2022 AUG -8 PM 3: 15

iny as it now appears on our records.
TALLAHA CALLAHA CALLAHA
Liability Company) TALL AHASSEE, FL were filed on 03/02/2021 and assigned
ility company here:
lity Company," the designation "LLC" or the abbreviation "L.L.C."
3959 Van Dyke Rd
#244
Lutz, FL 3355 8
3959 Van Dyke Rd
#244
Lut: FL 33558
address on our records, enter the name of the new registered
audiess on our records, enter the name of the new regions
Enter Florida street address
, Florida 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 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
			□Add
			□ Remove
			□Change
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 Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bl 	t be specific and cock does not me	cannot be prior to eet the applical	o date of filing or ble statutory fili	more than 90 days a	ptional) ifter filing.) Pur this date will	suant to 6 not be l	505.020 isted a
document's effective date on the D	epartment of Sta	ate's records.					
the record specifies a delayed effective cord is filed.	e date, but not a	n effective tin	ne, at 12:01 a.m	on the earlier of	(b) The 90	th day a	fter the
Dated May 17th	·	2022	_ ·				
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