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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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21 AFR 29 PH 3: 31

COVER LETTER

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SUBJEC	T:	Name of Limi	ted Liability Company	
The analo	and Aminhae of	A mandimont and foots) are subr	nitted for filing	
	O: Registration Section Division of Corporations The Glamique LLC URJECT: Name of Limited Liability Company The Glamique LLC Name of Limited Liability Company			
		Glamorous Williams		
			Name of Person	
		The Glamtique LLC		
		<u> </u>	FirmvCompany	
		2379 NW 23rd CT		
			Address	
		Miami, FL 33157		
			City/State and Zip Code	
		•		
				n notification)
For furthe	er information c	oncerning this matter, please ca	all:	
Glamoro	us Williams		at /)	
	Name o	f Person	Area Code [Daytime Telephone Number
Enclosed	is a check for t	he following amount:		
≡ \$25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Division of C	Corporations	Division o	of Corporations

Tallahassee, FL 32303

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

21 APR 29 PH 3: 30

The Glamtique 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 Florida document number 121000131426	were filed on 03/19/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
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: Name of New Registered Agent:	eddress on our records, <u>er</u>	ter the name of the new registered
New Registered Office Address:	Enter Florida street ac	ldress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agri- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutie: provided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is
If Char	nging Registered Agent, Signati	ure 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 21 APR 29 PH 3: 30

<u>ritte</u>	Name	Address	Type of Action
Mgr	Glamorous Williams	2379 NW 23rd Ct Miami. FL 33142	≣Add
			□Remove
			□Change
AMBR	Shaneil Williams	19715 SW 114th Ave apt 354 Miami, Fl 33157	= Add
			□Remove
			□Change
		<u></u>	□Add
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ote:	the date, if other than the date of filing:) Pursuant to 605.01 will not be listed
ecore is fil	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The d.	e 90th day after t
ned	4/24 2021	
aicu ₋	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00