## L21000226162

(Requestor's Name)				
(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:				

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## **COVER LETTER**

TO: Registration Division of C	Section orporations		•			
SUBJECT: GLAM(	OUR LEGACY, LLC Name of Lin	nited Liability Company	<del></del>			
The enclosed Articles of	of Amendment and fee(s) are sub	emitted for filing				
Please return all corres	pondence concerning this matter	to the following:				
	Corpor	Corporate Maintenance Lead				
	Processing Department					
	1450 Vassar St					
		Address Reno, NV 89502				
	<del></del>	City/State and Zip Code				
	returno E-mail address: (	ocs@incauthority.com	fication)			
For further information	concerning this matter, please c		,			
Proces	sing Department	800 \ 638-2320				
Name of Person		at (800) 638-2320 Area Code Daytime Telephone Number				
Enclosed is a check for	the following amount:					
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	SSS.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/COURIER ADDRESS: Registration Section

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLAMOUR LE	EGACY, LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L21000226162</u> .		_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:		e name of the nev
Name of New Registered Agent:		202
New Registered Office Address:		0.0
New Registered Office Address.	Enter Florida street address	100
	Florida	Zip Code  Cool: 2
	City	Zip Codē
New Registered Agent's Signature, if changing Registered Agent:		2
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office of	performance of my duties, and I am fan rovided for in Chapter 605, F.S. Or, if .	illiar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Ortavia Johnson	23 Empire Lane	
		Palm Coast, FL 32164	Remove
			Change
			Add
			Remove
		·	Change
		·	Remove
			Change
			Add
			□ Remove
			Change
			bbA □
			Remove
			Change
			Add
			Remove
			Change

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Filing Fee: \$25.00