LZ1000249423

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USPS TRACKING # 9114 9022 0078 9180 8885 39 & CUSTOMER RECEIPT LABEL (ROLL) TO: Registration Section or call 1-800-222-1811 **Division of Corporations** GLOW BY CARO LLC SUBJECT: 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: CAROLINA YLLESCAS Name of Person GLOW BY CARO LLC Firn/Company 4732 FORMOSA DR Address NAPLES, FL 34119 City/State and Zip Code miryam@yllescas.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CAROLINA YLLESCAS 756-0325 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

(additional copy is enclosed)

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
the Articles of Organization for this Limited Liability Company lorida document number L21000249423	were filed on 05/27/2021	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabi	lity company here:	
LOW BY CARO LLC		-1
ie new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	r the abbreviation "L.L.C."
nter new principal offices address, if applicable:	_	
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		OF STA
nter new mailing address, if applicable:		<u> </u>
<u> Iailing address MAY BE A POST OFFICE BOX)</u>		
		.
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Unter i fortau street aaaress	
	, Flori	ida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Lharaby accept the appointment as registered agent and gare

CLOW BY CAROLLIC

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
			□Remove
			□Change
			SECRETAIN TALLAHI
			TARY OF STATE
			□Remove
			□Change
		□Remove	
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

. D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: $\frac{05/24/2021}{}$ (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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 MAY 30 2021 Signature of a member or authorized representative of a member ELIZABETH B GARNELO Typed or printed name of signee

Filing Fee: \$25.00