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(Re	questor's Name)	, ·
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Registration Section TO: **Division of Corporations** GLOWING BRIGHTER 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: Thais Guadalupe Perez Name of Person GLOWING BRIGHTER LLC Firm/Company 7890 SW 12TH ST Address Miami FL 33144 City/State and Zip Code galmarall@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 393-9663 Thais Guadalupe Perez Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee. ☐ \$55.00 Filing Fee & ☐ \$30.00 Filing Fee & **■** \$25,00 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

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

Street Address:

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

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GLOWING BRIGHTER LLC	2321 308 24 Att 6: 47	
(Name of the Limit	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	·
	(A Fiorida Limited Liability Company)	
The Articles of Organization for this Limited L	iability Company were filed on 06/09/2021	and assigned
1 21(WY)268223		
Florida document number L21000268223	·	
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name o	f the limited liability company here:	
The new name must be distinguishable and contain the v	vords "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our records, <u>enter the</u> ss here:	name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
new inegistered writtee reduces.	Enter Florida street address	
	Floric	la
	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.

City

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 adder or removed from our records:

. MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address 221 JUN 24 AH 6: 47	Type of Action
AMBR	Thais Guadalupe Perez	7890 SW 12 TH ST Miami Fl 33144	= Add
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ective date, if other than the date of filing: I effective date is listed, the date must be specific and cannot te: If the date inserted in this block does not meet the nument's effective date on the Department of State's respective.	applicable statuto	ng or more than 90 ry filing require	(optional) days after (iling.) I ments, this date w	Pursuant to 605,020 ill not be listed a
cord specifies a delayed effective date, but not an effe s filed.	ctive time, at 12:0	l a.m. on the ea	lier of: (b) The	90th day after th
June 14th 2021	·			
		entative of a mem	ber	
Signature of a member	or authorized repres	• • • • • • • • • • • • • • • • • • • •		

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