## 121000470562

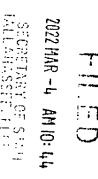
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## **COVER LETTER**

Division of Corporations	
SUBJECT: Lengths of Glor	y LLC
Name of Lin	nited Liability Company
The enclosed Articles of Amendment and fee(s) are sul	bmitted for filing.
Please return all correspondence concerning this matter	r to the following:
Cherlune	LOUIS Name of Person
Lengths of	Firm/Company
2875 North	neast 191 street suite 500#217
_ Aventura	City/state and Zip Code
<u>contact@len</u> E-mail address:	19thSofglory.com (to be used for future annual report notification)
For further information concerning this matter, please of	call:
Charling Lavie	TOIN 1010 57109
Name of Person	at (786) 619 - 5269  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
▼ \$25.00 Filing Fee	☐ \$55.00 Filing Fee & ☐ \$60.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

FILED

Lengths of Glory	LLC	2022 MAR -4 AM 10: 44
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	TALLAMASSET, FLORE
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000470562</u>	were filed on 10 29 21	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi		
Enter new principal offices address, if applicable:		191 Street
(Principal office address MUST BE A STREET ADDRESS)	Aventura, FL 3	3180
Enter new mailing address, if applicable:	2875 Northeas	st 191 street
(Mailing address MAY BE A POST OFFICE BOX)	Suite 500 #	217
	Aventura, FL 3	3180
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	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 Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
AR	Cherlyne Louis	1317 Edgewater Dr #52	<u>59</u> □ Add
		Orlando, FL 3280	Remove
			□Change
MGR	Cherlune Louis	2875 Northeast 191 Str	ect WAdd
		Suite 500 #217	□Remove
		Aventura, FL 33180	
			□Add
			Remove
			□ Change
			□Add
			□ Remove
		<del></del>	□Change
			🗀 Add
			□Remove
			Change
<del></del>			□Adđ
			□ Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
I am changing my title from "AR" to "MGR".
I am changing updating my address
(authorized person) address:
CAUTIONICO POISON JOIGIGNESS
Please Remove:
1317 Edgewater Dr #5259
Orlando, FL 32804
Please ADD:
2875 Northeast 191 Street
Suite 500 #217
Aventura, FL 33180
For Cherlune Louis
E. Effective date, if other than the date of filing:  (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)  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 March 2 2022
Cherly Lauf Signature of a member or authorized representative of a member
Cherlune Louis
Typed or printed name of signee

. . .