

L220000 51767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

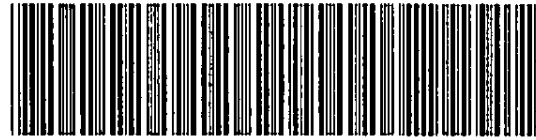
(Business Entity Name)

(Document Number)

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10/26/22--01013--019 **30.00

A. RIVERS
JAN 18 2023

FILED
2022 OCT 26 11:28:59
CLERK OF COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAKEWOOD LLC JOURNEY
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:

Arkeen Garcia
Name of Person

New Name: GLOW UNIVERSITY LLC
Firm/Company

8297 Championsgate blvd #334
Address

Championsgate, Florida 33896
City/State and Zip Code

Pabiacy@gmail.com
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Arkeen Garcia at 407, 754-8087
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

LAKELAND LOC JOURNEY

(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 were filed on 1/31/2022 and assigned Florida document number L-2200005/767

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GLOW UNIVERSITY LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

9037 Dogley drive
Champions gate, FL 33896

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8297 Championsgate Blvd
#334
Champions gate, FL 33896

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Arkeen Garcia

New Registered Office Address:

8297 Championsgate Blvd #334

Enter Florida street address

Champions gate Florida 33896

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.



If Changing Registered Agent, Signature of New Registered Agent

[illegible]

[illegible]

(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)

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 October 21st 2022.

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Arkeen Garcia

Typed or printed name of signee