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(Business Entity Name) (Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	PHID: 33
Office Use Only	R. HUNT 06128121

## **COVER LETTER**

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TO: Registration Section Division of Corporations

#### SUBJECT: LIZY GLOBAL SERVICES, LLC

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:

Louise Gardie Gilles

Name of Person

LIZY GLOBAL SERVICES, LLC

Firm/Company

3415 Pinewalk Dr N. Apt 205

Address

Margate, FL 33063

City/State and Zip Code

gillesgardie21@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Louise Gardie Gilles
 at (954)
 643-1580

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status



\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

23 PH 10:

<u>Mailing Address:</u> 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

#### TO: Registration Section Division of Corporations

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### SUBJECT: LIZY GLOBAL SERVICES, LLC

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:

	Louise Gardie Gilles		
		Name of Person	
	LIZY GLOBAL SERVIC	ES, LLC	24
		Firm/Company	
	3415 Pinewalk Dr N, Apt	205	
		Address	
	Margate, FL 33063		PHID: 34
		City/State and Zip Code	
	gillesgardie21@gmail.com		
	E-mail address: (	to be used for future annual report notific	ation)
For further information e Louise Gardie Gilles	oncerning this matter, please ca		
	f Person	at ( <u>954</u> ) <u>643-1580</u> Area Code Daytime T	Telephone Number
Enclosed is a check for th	e following amount:	$\sim$ /	
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations 7	<u>Street Address:</u> Registration Secti Division of Corpo The Centre of Tal	orations Ilahassee
Tallahassee, I	°L 32314	2415 N. Monroe 3 Tallahassee, FL 3	

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

#### LIZY GLOBAL SERVICES, LLC

(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 03/22/2022	_ and assigned
Florida document number L22000140326	- 0

This amendment is submitted to amend the following:

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

Lizy Glam & Glow, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

### Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

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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:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zin 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

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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
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			🗆 Remove
			□Change
			🗆 Add
			🖾 Remove
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			□Change
			🗆 Add
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			□Change

Page	2	of	3
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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# E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_(optional) (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) <u>Note:</u> 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 June 26th	2023
+ Your bry	he bills
· · · · · · · · · · · · · · · · · · ·	Signature of a member or authorized representative of a member

Louise Gardie Gilles

Typed or printed name of signee

Filing Fee: \$25.00