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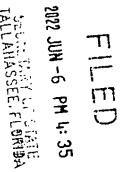
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Special Instructions to F	iling Officer:	

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## **COVER LETTER**

	Registration Sec Division of Corp			
SUBJEC	GLAMLAS	SH AB LLC		
, o, c		Name of Lir	ited Liability Company	
The enclo	osed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please ret	um all correspo	ndence concerning this matter	to the following:	
		CYNTHIA ALVAREZ		
		16-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Name of Person	
		C & A FINANCIAL PLA	NNING & BUSINESS CONSUL	TING LLC
			Firm/Company	
		15313 SW 8TH WAY MI.	AMI FL, 33194	
			Address	
		MIAMI, FL 33194		
			City/State and Zip Code	
		eagbusinessconsulting@gn E-mail address: (	to be used for future annual report no	titication)
For furthe	r information co	oncerning this matter, please c		·
CYNTHI	A ALVAREZ		786 8121103	
	Name of	Person		me Telephone Number
Enclosed	is a check for the	e following amount:		
<b>■</b> \$25.0	0 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 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

GLAMLASH AB LLC	
( <u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) ility Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L22000141160</u> .	ere filed on 03/22/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y company here:
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)	FA:: 2022
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	JUN-6 PH 4: 35 CREATASSEE. FLORREDA
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	· ·
Name of New Registered Agent:	
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·
	Enter Florida street address

## 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

. Florida \_

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
AMBR	BAPTISTA HERNANDEZ, DIANA	13900 SW 90TH AVE APT EE105	🗀 Add
		MIAMI, FL 33176	■Remove
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			□Add
			□Remove
			□Change
			A CC 2022
			A Remove
			Fig. 4: 30 Add
			<b>→</b> □Remove
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effective date is listed, the date mee: If the date inserted in this !	ist be specific and cannot be prior to date of filing	(optional) g or more than 90 days after filing.) Pursuant to 605.020 y filing requirements, this date will not be listed a
ument's effective date on the I	Department of State's records.	
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s filed.	ve date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after the
MAY 12	2022	
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