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(Req	uestor's Name)	<u>.</u>
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22 APR 25 AM 8: LA

T. MATTHEWS JUN 17 2022

## **COVER LETTER**

GLO SALC SUBJECT:	ON AND SPA, LLC		• • • • • • • • • • • • • • • • • • •
<u></u>	Name of Lim	ited Liability Company	····
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Gloriane Gonzalez		
		Name of Person	
	Glo Salon and Spa		
	<del></del>	Firm/Company	
	9063 Biscayne Blvd.		
		Address	
	Miami Shores, FL 33138		
		City/State and Zip Code	
	gonzalezgloriane@gmail.co		
	E-mail address: (	to be used for future annual report notif	fication)
For further information co	oncerning this matter, please ca	all:	
Gloriane Gonzalez		786 4174597 at ()	
Name of	f Person	at ()	e Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$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)

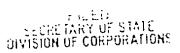
Registration Section Division of Corporations

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



GLO SALON AND SPA, LLC

22 APR 25 AM 8: 48

(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 w	vere filed on April 13, 202	22	_ and assigned
Florida document number L22000154223			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ity company here:		
The new name must be distinguishable and contain the words "Limited Liability	y Company." the designation	"LLC" or the abbre	viation "L.L.C."
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)			-7/14
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records, <u>e</u>	nter the name o	of the new registere
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street a	ddress	
	City	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 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
MGR	Gloriane Gonzalez	9063 Biscayne Blvd	<b>≣</b> Add
		Miami Shores, FL 33138	□Remove
			□Change
			□Add
			□Remove
			□Change
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ffective date,	if other than t	he date of filir	ng:			(optional)	
							ursuant to 605.0207
ocument's effe	ctive date on the	Department of	State's records		itting requireste	inis, inis date wi	ii not be fisted as
record specific	s a delayed effec	tive date, but no	ot an effective t	ime, at ¥2:01 a	.m. on the earlie	er of: (b) The 9	Oth day after the
l is filed.							
April 18			2022				
ated			·	<u> </u>			
		$\mathcal{X}$	)				
	— <del>(1)</del>	Signature of a	member or auth	orized represent	ative of a member		
Glor	iane Gonzalez						
CHOL	ane conzaicz						