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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	CT: <u>Glamour 89</u> LLC Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	ELSY Vasquez
	Name of Person
	FimvCompany
	<u>- BUCKSKIN CK</u> Address
	Midway EL 32343 City/State and Zip Code
	Elsy. Vasquez 1589 Q gmail. Com E-mail address: (to be used for future annual reproductification)

For further information concerning this matter, please call:

Nime of Person USQUCZ at (850) 559 05 477 Nime of Person Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

TO:

□ \$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

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ARTICLES OF	FAMENDMENT FO ORGANIZATION OF	E E D 2022 JUN 27 PH 1: 08
(A Florida Limite	LLC pany as it now appears on our records.) d Liability Company)	SEL JAME MEL SSLE, FL
The Articles of Organization for this Limited Liability Compar Florida document number <u>L22000 167112</u>	ny were tiled on $04 - 66$	$-\underline{ZZ}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lis</u> <u>Glomow</u> <u>Lino LLC</u> The new name must be distinguishable and contain the words "Limited Lia Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ability Company." the designation "LLC" of the second seco	
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	87 Bucks midway Fl	32343
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ee address on our records, <u>enter tl</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floi	
	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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

• • • ·

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

D.	If amending any	other information.	enter change(s) here:	(Attach additional	sheets, if necessary.)
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e date, if other than the date of filing:	

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 06-27-22
ELSY Jasq of a member or authorized operative of a member
ELSY Vasque?

Filing Fee: \$25.00