## L22000294830

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a. AUNT O. H. 3/34

## **COVER LETTER**

TO:	Registration Se Division of Cor				
SUBJE	CT. GLAM-O-I	RAMA LLC			
.,,,,,,,,,		Name of Lin	nited Liability Company		
		Amendment and fee(s) are sub endence concerning this matter			
		Heather Kylan MacLach	nlan-Dees		
		<del></del>	Name of Person		
		GLAM-O-RAMA LLC			
			Firm Company		
		5363 S. River Rd.		au t	•
			Address		:
		Jacksonville, FL. 32211		) ·	
			City/State and Zip Code	٠	
		Hkmd1113@comcast.ne	to be used for future annual report notif	ication)	2
For furt	her information c	oncerning this matter, please c	·	ication)	- د
Heathe	er Kylan MacLad	chlan-Dees	at ( 904 ) 3821362	(T) +	•
-		f Person	Area Code Daytime	: Telephone Number	
Enclose	d is a check for th	ne following amount:			
□ <b>\$</b> 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 Tallahassee, F	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of To 2415 N. Monroe Tallahassee, FL	porations allahassee : Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

company here: company here: company." the designation "LLC 363 S. River Rd cksonville FL 32211	and assigned and assigned or the abbreviation "L.L.C."
ompany," the designation "LLC 363 S. River Rd	
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cksonville FL 32211	
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Enter Florida street addres	5
, Florida	
	Zıp Code
	Enter Florida street address Flo City o act in this capacity. I fin formance of my duties, an

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

.

<u>Title</u>	Name	Address	Type of Action
			□ Add
			□ Remove
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cument's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective ti	ime at 12:01 a.m. on the earlier of: (b). The 90th day after
is filed.	
ted July 22nd . 2024	<u> </u>
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Filing Fee: \$25.00